Child Care

A Survey of
Child Care Support Services

Ontario
Ministry of
Community and
Social Services

Honourable John Sweeney
Minister

A SURVEY OF CHILD CARE SUPPORT SERVICES

Doherty Social Planning Consultants Ltd.
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EXECUTIVE SUMMARY

Introduction

Child Care Support Services (CCSSs) is a term being used in this survey to describe a group of programs which are providing support services to unlicensed child care providers and parents using this child care arrangement. Included under the term Child Care Support Services are:

- 109 Child Care Resource Centres (CCRCs) - these are programs originally defined as services to: increase access for caregivers to information and resources; to encourage mutual support systems among caregivers; and to provide information to parents on how to locate and assess informal care;
- 2 Child Care Network Projects - these are demonstration projects established to provide coordination and linkages among services to children; and
- 4 Prevention Projects - Prevention projects which focus on the provision of supports to unlicensed caregivers or to parents to locate or use unlicensed caregivers.

The purpose of the survey was to assist MCSS in future efforts to:

- delineate the purpose and role of CCSSs within the context of the total child care system;
- define the essential core service components and the appropriate range of services for CCSSs;
- develop appropriate funding policies and formulae;
- develop program guidelines; and
- determine the desirability of the development of overall standards.

The methodology used involved:

- an exploration of experience in other jurisdictions through a review of relevant literature and interviews with key informants;
- an analysis of data from the CCRC monitoring forms sent out by the Ministry;
- an analysis of information from the evaluation reports done on the Prevention Projects; and
- supplementary data collection through mail-out questionnaires and follow-up telephone calls for all CCSSs.

A response rate of 91.1% was obtained for the monitoring forms and 93.6% for the questionnaires. Follow-up telephone interviews were done with a representative from each program which completed a questionnaire.

Literature review and key informant interviews

a) approaches in other jurisdictions

Canada, the United States and Britain each have experienced socio-demographic changes over the past two decades that have increased the need for substitute child care. In all three countries the majority of this substitute care is believed to be provided by the informal child care system. As a result, there is a need to:

- develop approaches to enhance the quality of informal care;
- assist parents to locate informal caregivers; and
- assist parents to become informed consumers who evaluate their child care arrangements.

British Columbia, Ontario and Prince Edward Island appear to be the only provinces that have specifically attempted to enhance the informal child care system. In 1980, British Columbia implemented the Supportive Family Day Care Program. Services funded through this initiative:

- operate an approval process for informal caregivers which is conditional on the provider having completed inservice training and the home meeting basic physical standards;
- provide referrals to approved caregivers for families seeking child care; and
- offer a variety of support services to the caregiver. This includes assistance in obtaining liability insurance.

The United States literature suggests that the role of these agencies as both providers of "approved status" for caregivers and referral sources for parents could make them vulnerable to liability if a caregiver was deemed to have harmed a child, even though the providers are not employees of the agency. This could occur if a court ruled the agency was controlling the providers, for example, through conducting inspections. There appears to have been no formal evaluation done of the services funded through the Supportive Family Day Care Program.

Ontario's initiatives are the primary subject of this report and are discussed in more detail later. In December, 1984, Prince Edward Island identified 24 informal caregivers and linked them with 8 formal child care centres, three to a centre. The formal centres provided ongoing consultation and assistance, e.g. lending toys, for a twelve-month period. In addition, the caregivers were provided with a specially designed thirty-hour course at a community college and supervision by an ECE consultant. The project terminated in December, 1985, due to lack of funds. As of July, 1986, 16 of the 24 informal caregivers were still operating. This rate of turnover is judged by the Province's

Coordinator of Early Childhood Development to be much lower than usual.

In the United States, the need to enhance the quality of the informal care system is primarily addressed by Child Care Information and Referral Services (CCIRs). California and Massachusetts both have legislation that requires the availability of CCIRs in all parts of the state. Other states are apparently planning such legislation. Both California and Massachusetts require the CCIRs to provide the following services:

- provision of information and referrals to parents (including assisting parents to learn what to look for when selecting a caregiver); and
- provision of technical assistance and support to existing and potential caregivers.

CCIRs are also permitted to provide other services and several include family support activities such as parent education, workshops, drop-ins and toy libraries. Key informants suggest that CCIRs:

- be responsible for only a small geographic area, since parents will not travel long distances for child care;
- maintain a separate identity from any sponsoring group; and
- hire professional staff.

California has developed an on-site review protocol for evaluation of these programs and Massachusetts intends to institute on-site inspection of its CCIRs. No actual outcome evaluations were located, perhaps because of the relatively recent development of CCIRs.

Britain's efforts to enhance the informal child care system have focused on training and the provision of ongoing support for providers. Experience in that country suggests that it is essential to match the training approach used with the learning style of the caregiver. Several communities provide centres specifically for caregivers with drop-in programs, toy libraries and discussion groups. These are reported to be very successful in providing caregivers with a peer support network, however, no formal evaluation data on them was located.

b) the needs of the constituents

The literature suggests that the needs of the parent using the informal care system and the needs of the informal caregiver are different. Ontario studies indicate that many parents, in both rural and urban areas, prefer informal care. However, they have great difficulty locating informal caregivers. Many appear to lack basic search skills and, once they locate a potential provider, rely on intuition to make a decision rather than specific selection criteria. Parents therefore need assistance in locating, assessing and selecting caregivers. Informal caregivers in Ontario have identified a need for assistance in:

- dealing with unreliable or inconsistent parents and their demands;
- dealing with the isolation of being at home with young children all day;
- dealing with providing care for children who might be, or become, ill;
- management of child behaviour problems; and
- the financial and administrative aspects of operating an informal day care service.

c) accountability

Several Canadian writers have strongly stated that there must be some form of accountability for service provided in the child care field. The different methods used in different jurisdictions are:

- licensing - a standard of basic care is established by a regulatory agency and a potential provider must prove competence in relation to the standard before being permitted to provide care;
- approval or registration - a caregiver is registered with an agency or government upon request. It is assumed that the provider is competent unless proven otherwise through parental complaint or subsequent inspection. There is no requirement for providing compliance with standards before being permitted to provide care; and
- non-regulatory support - the provision of caregiver support and education for parents to assist them to become informed consumers.

It has been argued that licensing, which is a successful approach with centre-based child care, is not appropriate in the informal system. Not only is the sheer magnitude of numbers seen as an impediment, but there is concern that the complexity of the licensing process would discourage informal providers from applying. Some states use registration plus incentives, such as the provision of a variety of provider support services. This approach, in contrast with licensing, is reported to bring informal care "out into the open" while protecting the government from appearing to guarantee quality. However, its success seems to depend on "the amount of support services offered in conjunction with this form of regulation" (Sale, 1980, page 11). The literature suggests that the regulation (approval or registration) and provider support functions should be separate.

d) caregiver registries and the issue of liability

Caregiver registries face potential liability in regard to:

- parents and children;
- providers; and
- their own staff.

In the first situation, the registry might be held liable for any referral made to a child care provider who was deemed to have endangered the health or safety of the child. Liability to providers is most likely to stem from the registry's decision to stop making referrals to a particular provider. The provider could sue the registry to be reinstated on the basis that the decision represented arbitrary discrimination or to recover what she believes are damages from lost business. The third category of potential liability for caregiver registries involves the responsibility of staff members to report any suspicions of child abuse.

The literature and key informants advocate:

- provision of more than one referral so that the need for the parent to choose is clear;
- a written statement given to all parents clarifying that the registry does not guarantee the quality of the service provided by caregivers to whom it refers;
- discussion with parents about what to consider when selecting a caregiver and how to interview potential providers;
- the establishment of clear, written policies and procedures regarding handling complaints and removing caregiver names from the registry, (this should include policies and procedures around reporting suspected child abuse); and
- adequate liability insurance.

The survey of Ontario Child Care Support Services

a) mandate versus actual target group

The intent of the Child Care Incentive, of which CCSSs are a part, is to enhance the informal child care system, which includes assisting parents to become informed consumers. Data collected for this survey from the programs indicates that most are focusing on parent support and this often does not include informing parents how to assess and select caregivers. Given programs appear to serve one of the following three distinct client groups:

- middle class mothers seeking social and intellectual stimulation for their child;
- high risk mothers, e.g. teen-agers; or
- mothers who are already part of the social service system and have often been referred by their worker.

Caregivers often do actually use a CCSS program. However, in many cases, it appears that there is no recognition that their needs are different from those of parents. Therefore, while support is provided to informal caregivers through the availability of services such as toy libraries, the potential of CCSSs to enhance the informal child care system is not being fully realized. Instead, there appears to be a mandate drift towards serving high risk parents.

b) general description

As a group, 58.7% of the programs serve rural communities. Usually CCSSs operate year-round, but many are only open certain days of the week or on a part-time basis. The average number of full-time staff is 1.1 and part-time staff is 1.5. The most frequently offered service is workshops (64.7%), followed by play groups with parent or caregiver present (56.9%), toy libraries (54.9%) and discussion groups (54.0%). Over half the programs operate under an umbrella organization; many of these CCSSs have an advisory board to advocate on their behalf with the sponsor.

The main source of funding is the Ministry's Child Care Incentive. In addition, 66% of the programs receive resources "in kind" from another source. The average total annual operating cost of a CCSS is $56,527. The largest item of expenditures is staff salaries and benefits; the second largest item relates to program costs such as toys.

c) history

Fifty-one percent of the programs indicated that the impetus for their development came from a representative of another agency, while 37.0% reported the impetus as a parent or a parents' group. Most programs appear to have taken existing community services into account when developing their services. While they are involved in little ongoing joint planning with other agencies on an individual basis, CCSSs reported a surprisingly active role in inter-agency coordinating and planning groups. There appears to be no definite pattern in the order of service development. Instead it appears to be the result of perceived need in the community and therefore varies from one community to another. Generally initial services developed in response to needs identified by professionals, such as public health nurses and CAS workers, while later services developed in response to user request.

d) provision of referrals to parents

Thirty percent of CCSSs operate registries. In addition, other programs provide information regarding child care although they do not have a formal registry. The issue of liability concerns many programs. They find the cost of liability insurance very high and fear that disclaimers might not hold up in court. A few centres are screening caregivers, a practice which might actually increase the program's liability.

e) evaluation

Only 10% of the CCSSs indicated that they conduct any type of program evaluation. Discussion during the follow-up interviews suggested that the most common method is a user satisfaction questionnaire. Some respondents reported monitoring the number of people attending different activities and/or monitoring the volume of referrals from different referral sources. These are also ways to measure user satisfaction. There appears to be little impact or outcome evaluation taking place.

f) staffing patterns

The majority of coordinators of CCSSs have either a BA or are ECE graduates. Most workers are ECE graduates. Sixteen per cent have completed their formal education with a high school diploma. Respondents stated that, when looking for staff, life experience and personal attributes are more important than academic qualifications. Parenthood or experience in a child care setting is considered particularly valuable. Different services are perceived to require different skills.

The CCSSs rely heavily on volunteer assistance to supplement staff availability. Generally they seek this assistance from users because staff feel they do not have the time to recruit volunteers from outside sources. The type and amount of volunteer assistance that a program can realistically expect to obtain from its users appear to vary depending on the clientele. Caregivers and high risk parents were reported as contributing less time, and as being less likely to assume major responsibilities, than middle-class parents.

g) serving parents and caregivers

The most frequently reported advantages of serving parents and caregivers simultaneously were that:

- this arrangement facilitates linking parents seeking child care and potential providers;
- parents and caregivers gain insight into each other's perspective; and
- it is a resource-efficient method of service delivery.

Disadvantages noted were that:

- the two groups have different needs and these cannot always be met by the same service; and
- there is sometimes a lack of trust between the two groups which can inhibit programming.

It appears that it is not appropriate to assume that parents and caregivers can be served in exactly the same way because they are both looking after children. The wishes, roles and responsibilities are different. There are also differences within each subgroup which must be addressed.

Caregivers, as a group, are apparently difficult to attract to the programs. This is viewed as a result of:

- caregiver workload and the relative difficulty of getting three or four children dressed to go out in comparison to one child; and
- caregiver reluctance to be identified due to their concern that their earnings may have a negative impact on their husband's ability to claim a "dependent spouse" for income tax purposes or on their own FBA allowance.

Experience suggests that it is necessary to make special efforts to attract caregivers, e.g. door-to-door visits or responding to advertisements by people offering informal child care.

h) successful and unsuccessful services

The same services were identified by different programs as having been the most or least successful services. The two primary reasons identified for a service's success were high need and lack of a similar service elsewhere in the community. Where services had been difficult to establish, or were felt to be less successful than other services, or had been discontinued, respondents frequently attributed the problem to lack of funds or lack of staff. However, some programs also cited the service's inappropriateness for the target group as a factor.

Several programs noted that having a combination of services was an advantage, either because it was more convenient for users or because one service facilitated the operation of another. For example, a drop-in operating at the same time as a workshop permits the user's child to be cared for while she attends the workshop. When disadvantages were noted in regard to service combinations, they usually focused on physical problems. For example, play groups are noisy services which can make conducting a discussion group difficult unless the program has sufficient space to separate the activities.

i) future directions

The programs do not perceive a need for government standards and expressed concern that standards would reduce their current flexibility to respond to changing community needs. However, they clearly would like guidance, both in regard to establishing services and in their day-to-day operation. Respondents saw this guidance as appropriately coming from Ministry staff.

Over two-thirds of the centres would like to expand existing services to keep pace with increased demand or to develop new services to meet community needs. Consistent with the apparent trend to view CCSSs as prevention resources, 18 programs wish to develop services for high risk mothers. Others want to establish parent relief or child care centres. These services are not directly connected with the primary mandate to enhance the quality of informal child care, but are clearly part of a spectrum of support services for parents and caregivers of young children.

INTRODUCTION

Background

Ontario parents needing alternative care arrangements for their children select from a variety of child care arrangements. The term "child care" usually conveys an image of group or centre-based care, with government assuming a protective role through regulation of service. The most prevalent form of child care is, however, that provided through unregulated, private arrangements. The responsibility for selecting and monitoring these informal arrangements lies with the parents.

In 1980, the Ministry of Community and Social Services (MCSS) introduced a funding initiative to stimulate the development of support services to enhance the quality of informal child care. According to the Ministry's Day Care Initiatives Funding Guidelines (1980), specific objectives of the Informal Care Initiative were:

- to increase access for caregivers to information and resources appropriate to their needs;
- to provide support services that would be beneficial to children receiving informal care;
- to increase contact among caregivers as a form of mutual support and development; and
- to provide information to parents on how to locate and evaluate informal care.

To be eligible for funding under the Informal Care Initiative, projects were required to have one or more of these objectives and to provide at least one support service for the informal child care system. However, the Ministry acknowledged that parents of young children, might also benefit from the services provided. Therefore, projects were not required to focus exclusively on informal child care providers and/or parents using the informal child care system. Programs funded through this Initiative came to be known as Child Care Resource Centres. They are the primary focus of this survey.

Definition of child care support service

Child Care Support Services (CCSSs) is a term being used in this survey to describe a group of programs which are providing support services to unlicensed child care providers and parents using this child care arrangement. Included under the term Child Care Support Service are:

- 109 Child Care Resource Centres - these are programs originally defined as services to: increase access for informal caregivers to information and resources; to encourage mutual support systems among caregivers; and to provide information to parents on how to locate and assess informal care;
- 2 Child Care Network Projects - these are demonstration projects established to provide coordination and linkages among services for children; and
- 4 Prevention Projects - Prevention projects which focus on the provision of supports to informal caregivers or to parents to locate or use informal caregivers.

Table 1 illustrates the distribution of Child Care Support Services (CCSSs) in the four MCSS regions.

Table 1

DISTRIBUTION OF CCSSs BY MCSS REGION

Region	No. of CCSSs	% of CCSSs	Child Population	% of Provincial Child Population	Formal Child Care Enrollment	% of Formal Child Care Enrollment
Central	41	35.71%	414,560	34%	42,471	47.2%
East	23	20.0%	236,405	20%	16,594	18.5%
West	31	27.0%	424,010	35%	26,083	28.8%
North	20	17.4%	135,634	11%	4,785	5.3%
Total	115	100%	1,210,610	100%	89,933	100%

Notes: Child population, 0-9, 1981 census.

Enrollment as recorded by the Day Nursery Information System (DNIS) on a specific day in 1985. This only includes enrollment in formal child care.

In Central and East regions, the regional distribution of CCSSs and the percentage of provincial total enrollment in formal, that is, licensed, child care closely parallels the regional distribution of child population age 0-9.

In West region there is a rough correlation between regional percentage of child population, regional percentage of CCSSs and regional percentage of enrollment in formal (licensed) child care. The picture in North region is very different. Here the regional percentage of CCSSs is higher than the regional percentage of child population, while the percentage of enrollment in formal child care is lower. This may reflect a greater perceived need for CCSSs in communities with relatively few formal child care services.

Purpose of the survey

The Child Care Support Services Survey was intended to provide the Ministry with information on the development and current operations of the various Ministry-funded programs which focus on support to the unlicensed caregiver system. The information collected was expected to assist the Ministry to:

- delineate the purpose and role of CCSSs within the context of the total child care system;
- define the essential core service components and the appropriate range of services for CCSSs;
- develop appropriate funding policies and formulae;
- develop program guidelines; and
- determine the desirability of the development of overall standards.

Methodology

The methodology used involved:

- an exploration of experience in other jurisdictions through a review of relevant literature and interviews with key informants;
- an analysis of data from the Child Care Resource Centre monitoring forms sent out by the Ministry;
- an analysis of information from the evaluation reports done on the Prevention Projects; and
- supplementary data collection through mail-out questionnaires to all Child Care Support Services and follow-up telephone interviews with all respondents.

To assist the consultants, a Ministry Project Working Group was established consisting of:

- Michelle Farrell - Research and Program Evaluation;
- Lynn Wylie - Child Care Branch; and
- Dawna Wintermeyer - Child Care Branch.

Assistance from Ministry field representatives was provided by:

- Barbara Pierce - West region;
- Margaret Engel - Central region;
- Suzanne Lorenowicz - East region; and
- Suzanne Zakoor - North region.

Format of the paper

The information is presented in three sections. The first section discusses information obtained through a literature review and interviews with key informants. Its focus is a description of the range of programs described as child care support services in Ontario and other jurisdictions. It examines experience in

Canada, the United States and Britain in the context of key issues such as: core program components; caregiver training; and the issue of program liability.

The second section discusses the approach and current operations of the CCSSs in Ontario. Using monitoring form and questionnaire data, supplemented by telephone interviews with CCSSs, it examines: the discrepancy between the CCSS mandated and actual target groups; the programs' operating and service delivery characteristics; the development and history of CCSSs; lessons learned from experience; and respondents' views on standards and guidelines.

The third section reports on information obtained through face-to-face interviews with Ministry field staff from ten different parts of the Province.

A glossary is provided immediately at the end of the body of the text, that is, after page 115.

PART I - LITERATURE REVIEW AND KEY INFORMANT INTERVIEWS

CHAPTER I - EXPERIENCE IN NORTH AMERICA

Canada

Context

Over the past few years, Canada has experienced significant socio-demographic changes which have increased the need for the provision of substitute child care. As noted by the Canadian Day Care Advocacy Association (1985), in 1983:

- 69% of all women between the ages of 20 and 44 worked outside the home;
- 49% of mothers with children under age three, and 56% of mothers with children age 3-5, were in the paid workforce; and
- 415,000 individuals were sole parents, an increase of approximately 35% in less than a decade.

The Longwoods Research Group (1982) estimated that 80% - 85% of children receiving child care in Ontario are in an informal setting. Some, no doubt, are receiving care from relatives, but at least half are probably being cared for by a neighbour, friend or other non-professional in her own home. Given the large number of children receiving care through the informal system, it is necessary to address concerns that have been expressed about the difficulties parents experience finding informal care and possible deficiencies in the type of care provided.

To obtain information on Canadian efforts to enhance the informal care system, interviews were conducted with at least one representative from each of the ten provinces except Quebec. However, information is included in this paper only on those provinces which provide assistance to people providing child care in their own homes and/or to parents using this type of arrangement.

British Columbia

In British Columbia, family day care homes require a license if care is being provided for more than two children unrelated to the caregiver. There are two classes of unlicensed homes which are approved for provincial subsidies:

- those serving up to two children unrelated to the caregiver; and
- those which are granted limited approval in relation to a particular family which is eligible for day care subsidy. In these situations, a parent approved for subsidy locates a caregiver and requests that the home be approved. The eligibility for subsidy of the parent and approval of the home are reviewed every six months.

In 1980, the Ministry of Human Resources implemented the Supportive Family Day Care Program to fund services which would work to improve the quality of care in unlicensed family day care homes. Services funded through this initiative include:*

- an approval process which is conditional on the provider having completed inservice training and the home meeting basic physical standards (some services also require providers to accept subsidized children);
- referral of families requesting care to an approved provider;

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* Information obtained through a survey done by Richard Stewart in 1984 and updated through a telephone conversation with Linda Elliott, Coordinator, Kelowna Family Day Care Society, September, 1986.

- support to the provider, e.g. the provision of in-service training; consultation by Early Childhood Education (ECE) specialists; monthly meetings of provider mutual support groups; visits to the provider's home by the agency staff; assistance in obtaining liability insurance; provision of wholesale prices for toys and equipment; toy lending libraries; and assistance in dealing with government agencies; and
- the provision of short-term relief for providers.

The role of these agencies as both providers of "approved status" for caregivers and referral sources for parents probably makes them vulnerable to being held liable if a caregiver is deemed to have harmed the health or safety of a child even though the providers are not employees of the agency. Siegel and Lawrence (1982b) point out that if a registry in any way could be seen to control providers, for example, through conducting evaluative inspections, the court might rule that this constitutes a "special relationship". If the court determines a special relationship exists between the registry and the provider, it might hold the registry responsible for harm done to a child by the provider.*

The impetus to develop a service funded through the Supportive Family Day Care Program appears to have come from a variety of sources. In Nelson and Burnaby, projects were begun by family home day care providers, initially as mutual support groups. In Kelowna, ECE specialists began the project as a single-purpose education agency to improve the quality and availability of family day care in the community. This project has now expanded to provide a wide range of services. In Abbotsford, the impetus came from social workers in a multi-service agency as a means of lessening the potential for child abuse in unsupervised child care.

The cost of these services appears to be small. The current budget for the Kelowna program is $90,000, half of which comes from the Ministry of Human Resources and the remainder through the United Way and agency fund-raising efforts. There is also a $10 membership fee. The program has two staff members and is currently serving 375 children in 140 family day care homes (Linda Elliott, personal communication, September, 1986). In 1983, the total budget of the Abbotsford program was $54,152. This was provided by the Ministry of Human Resources. The program also had a $10 membership fee. The program was serving approximately 400 children and 200 providers (Richard Stewart, personal communication, August, 1986). It should be noted that the Abbotsford program operates within a multi-service agency and may receive some resources in kind. If so, this would permit it to serve more clients than the Kelowna program with a smaller budget. The Abbotsford program also uses volunteers for clerical work, as consultants and to provide relief for caregivers. The Kelowna program, which relies on the United Way and its own fund-raising for half of its budget, has found it necessary to continuously reassure potential donors that their donation is not supporting women in for-profit businesses (Linda Elliott, personal communication).

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* The issue of registry liability is discussed in greater detail on pages 43 to 46.

The availability of liability insurance for the family day care homes is a major concern. Apparently the Kelowna project had great difficulty finding an insurance company to insure the homes this year and anticipates it may be impossible to obtain liability insurance in the near future (Linda Elliott, personal communication).

No information on evaluation of the services funded through the Supportive Family Day Care Program was located.

Other support services for the informal child care system or parents using this system are:

- Family Places, which are basically Parent-Child Resource Centres; and
- the Day Care Information Service in Vancouver.

The Family Places provide drop-in programs, mutual support groups and, in a few cases, emergency care. They tend to be autonomous, grass-roots, community-based programs relying on their own fund-raising, the United Way and municipal government grants (Valerie Fronczek, B.C. representative, the Play and Parenting Connection, personal communication, September, 1986).

The Day Care Information Service in Vancouver began in 1984. It provides the following services to both the formal and the informal day care sectors:

- information and referral for parents and professionals regarding formal, licensed care;
- linking of parents seeking informal care with the private home day care association or Family Place in their area; and
- provision of consultation to parents regarding criteria by which they can assess care provided by licensed or unlicensed caregivers.

The Day Care Information Centre is also involved in advocacy and in networking among child care services (Peter Ashmore, personal communication, September, 1986).

Ontario

The Ontario government is involved in a number of initiatives which may include support for parents of preschool children using the informal system and/or informal child care providers. These initiatives are:

- Child Care Resource Centres* - programs originally defined as services to: provide information to parents on how to locate and assess informal care; increase caregivers' access to information and resources; and to encourage mutual support systems among caregivers;

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* In 1984/85, MCSS expanded the base dollars for this program to enable the establishment of 17 additional CCRCs in rural communities specifically to support the delivery of informal child care in rural Ontario.

- Child Care Network Projects - demonstration projects established to provide coordination and linkages among services for children. They are intended to be catalysts for developing a range of child care support services and to be significantly involved in both advocacy and planning;
- Prevention Projects - programs established to serve high risk communities by providing services which will promote family competence and/or reduce stress in families. Four of these assist parents to locate and effectively use informal caregivers and/or provide supports for informal caregivers; and
- Community and Neighbourhood Support Services Projects - projects established to assist neighbourhoods to increase their capacity to identify and respond to the individual needs of their residents. They emphasize assisting people to meet their needs through self-help and informal means of support. Users include parents of preschool children.

These four initiatives are operated with funding from MCSS. The four initiatives were developed independently of each other, with different objectives and different funding mechanisms. The Ministry has recognized that there is considerable overlap between the Child Care Resource Centres, Child Care Network Projects and four of the Prevention Projects in regard to target population and services provided. This overlap is illustrated by Table 2, on the following page. These programs are the primary subject of this survey and additional information is provided on them in Section II.

The Child Care Resource Centres and Child Care Network Projects also share the common goal of working to improve the informal child care system.

The Community and Neighbourhood Support Services Program was implemented in April, 1985. The objectives are:

- to help individuals and families meet their social service needs;
- to encourage individuals and families to contribute to neighbourhood and community life; and
- to increase the capacity of neighbourhoods to identify and respond to the individual needs of their residents, as well as their overall needs as distinct geographic entities.*

Table 2

A COMPARISON OF CHILD CARE RESOURCE CENTRES, CHILD CARE NETWORK PROJECTS AND FOUR PREVENTION PROJECTS

INITIATIVE	TARGET POPULATION	SERVICES
Child Care Resource Centres (N = 109)	- parents using informal child care - providers of informal child care	- caregiver registries; play groups; toy libraries; workshops and discussion groups; parent/caregiver relief; home visits
Child Care Network Projects (N=2)	- providers of child care and related services - parents using informal child care - providers of informal child care	- networking among services; caregiver training; resource information; workshops and discussion groups; play groups
Prevention Projects (N = 4)	- parents using informal child care - providers of informal child care	- toy libraries; play groups; workshops and discussion groups

Notes:
- Information on the Child Care Resource Centres was taken from the monitoring forms.
- Data on the two Network projects was obtained from questionnaires submitted in November, 1986.
- Data on the four Prevention Projects was supplied by Peter Murchison, MCSS Prevention Coordinator.

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* Community and Neighbourhood Support Services Program, Year I Summary Report, MCSS, 1986.

As with the Prevention Projects, the intended target population for the Community and Neighbourhood Support Services is clearly broader than parents using informal child care arrangements and providers of informal child care. In fact, services funded under this initiative not only provide assistance to parents with young children; they also serve the elderly and people with physical handicaps. In addition, there are differences in program intent. The Community and Neighbourhood Support Services Program is intended to enable grass roots organizations to strengthen their administrative and organizational capacity so that they can undertake non-direct service activities, such as: community development; volunteer recruitment; and public education. The Child Care Resource Centre funds are intended to provide direct services. While the community development mandate of the Community and Neighbourhood Support Services is shared by the Child Care Network Projects, the latter are also expected to provide direct service.

Eight of the 31 organizations receiving funding through the Community and Neighbourhood Support Services Program are also being funded as Child Care Resource Centres. In some cases this appears to have occurred because the organizations took the opportunity to "top up" the funds received under the Child Care Resource Centre initiative through applying to the Community and Neighbourhood Support Services Program for money for administrative and organizational expenses. Operating under two different Ministry initiatives does not appear to be causing these organizations any concern, although it probably increases their administrative paper work.

In addition, St. Lawrence College in Kingston offers a Family Day Care Correspondence Course which includes the following components: child management techniques; information on safety, health and nutrition; programming suggestions; information on operating a small business; and information on appropriate parent/caregiver relations. Participants receive a Statement of

Achievement from the College when they have passed the correspondence course and completed a St. John's Ambulance first aid course.

The St. Lawrence program has received one-shot financial assistance from MCSS under the Public Education Incentive for four consecutive years (1983/84 to 1986/87). This has enabled some subsidization of fees for Ontario caregivers taking the correspondence course. During the six years that the course has been offered, 75 - 125 caregivers have taken it each year. Virtually all caregivers enrolling in the course complete it (Marilynn Yeates, course coordinator, personal communication, 1986).

MCSS has also used the Public Education Incentive to fund publications, workshops and conferences aimed at parents and caregivers in the informal child care system. For example, this Incentive was used to fund a mass mailing of the Ministry's Guide for Home Day Care Providers.

Prince Edward Island

Between December, 1984, and December, 1985, Prince Edward Island, using federal CEIC demonstration project funding, hired two ECE specialists to locate potential informal child caregivers, link them with formal child care services and provide them with training and supervision (Kathy Rochon, Coordinator of Early Childhood Development, Department of Health and Social Services, P.E.I., personal communication, July, 1986). The potential providers were selected through interviews and visits to their homes. Twenty-four homes, all in rural areas, were linked with 8 formal centres, 3 to a centre. The informal caregivers were provided with thirty hours of training, paid for by CEIC, at a local community college. This included: child health and safety; nutrition; behaviour management; and administration, e.g. bookkeeping.

Classes operated on Saturday mornings to increase accessibility for the caregivers. In addition, the formal centres provided the informal caregivers with whom they were linked with assistance, e.g. lending toys, and the ECE consultants provided supervision. The type and amount of assistance provided by the formal centres varied with the individual centre.

As of July, 1986, sixteen of the twenty-four informal caregivers were still operating. This is considered to represent a much lower turnover than usual. Three of the eight who were no longer working had left the province due to the fact their husbands were transferred, one obtained a full-time job, one became too ill to work and the remainder stopped providing service because of difficulty obtaining liability insurance. Difficulty obtaining liability insurance is also a concern for family day care operators in British Columbia (Linda Elliott, personal communication, September, 1986). No additional informal services have been developed using this method because of lack of funds.

The United States

Context

Over the past two decades, the United States also has experienced socio-demographic changes which have increased the need for the provision of substitute child care. As noted by Pooley & Littell (1986):

- in 1984, single parents headed 25.7% of United States families with children under age 18;
- between 1959 and 1980, the participation rate for women in the labour force who have a child under age three increased from 17% to 42%;
- from 1960 to 1984, the number of two-paycheque families increased by 221%; and
- by 1995, more than 80% of women between 25 and 44 (the major child bearing and rearing years) are expected to be working.

Budget cutbacks in federal child care spending have been perceived as resulting in increasing numbers of children receiving substitute child care in family day care homes.* In 1977, 25.5% of the total number of children under the age of six who were receiving substitute care were provided with it through this type of resource.** Since then, the proportion of family day care relative to centre-based care has increased (Morgan, 1980). In most situations the parents are responsible for locating the family day care home themselves. The above trend to the increased use of family day care has emphasized the need to:

- develop approaches to improve the quality of care given by providers who are primarily parents operating out of their own homes (Fein, 1980);
- assist parents to become effective consumers of quality care (Fein, 1980); and
- assist parents to locate, coordinate and evaluate their child care arrangements (Siegel & Lawrence, 1982a).

In the United States, these needs are being addressed by:

- Child Care Information and Referral Services; and
- family support programs.

Child Care Information and Referral Services

In 1982, there were about sixty Child Care Information and Referral Services (Levine, 1982). According to Siegel and Lawrence (1982a), they have been started by parents, caregivers and local child care planning groups. In spite of these diverse origins and variations in current sponsorship and organization, they have all tended to follow the following sequence of development:

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* Family day care home is the United States term for the provision, in the caregiver's own home, of child care for the children of other people.

** The percentage was probably much higher, given the suspicion that many family day care homes operate without a license and do not submit data to any authority.

- first a referral service, which expands to include parent education related to the selection of caregivers; then
- the provision of support services to caregivers, for example: technical assistance in start-up; lending toys and equipment; providing forums for caregivers to share problems and concerns; followed by
- community education and child care advocacy. This has included: collecting data about patterns of supply and demand for use in forecasting need and planning responses; encouraging the use of community development dollars to assist in the establishment of day care services; and lobbying against restrictive eligibility criteria for subsidization.

(Levine, 1982; Siegel & Lawrence, 1982a)

Apparently the usual scenario has been a service which was simply providing parents with a list of caregiver names recognizing that this is insufficient. To make an informed choice, parents must be able to compare alternatives. This requires the provision of information on the different types of child care available and tips on how to conduct a site visit and the types of questions to ask a potential caregiver. In response to parents' needs for a range of options, and observing the need to stabilize and improve day care services, Child Care Information and Referral Services then began providing information and training to existing and potential caregivers. Their constant contact with parents needing child care, and caregivers struggling to develop and maintain services, led to involvement in community education and day care advocacy.

Through their provision of the three components of referral/ parent education, support to caregivers, and advocacy, the Child Care Information and Referral Services are viewed as playing an important role in the improvement of both formal and informal child care (Cline, undated; Siegel & Lawrence, 1982a). As a result of educating parents on what to look for and the services to demand from providers, "inadequate day care will be driven from the market by dissatisfied consumers" (Cline, undated, page 14). Provider support lowers turnover in the informal system, thereby increasing stability and continuity of care for children (Siegel & Lawrence, 1982a). Through their ongoing contact with parents seeking child care and caregivers, Child Care Information and Referral Services are in a unique position to collect, document, analyze and report survey data on child care needs, thereby identifying both short-term and long-term needs in their community.

California and Massachusetts both have legislation which requires the availability of Child Care Information and Referral Services in all parts of the state (John Hershfeld, Massachusetts; Patty Siegal, California; personal communication, December, 1986). Apparently New York is in the process of instituting this type of legislation (John Hershfeld, personal communication). The intention, in both California and Massachusetts, is to expand parental choice in child care options and to "empower parents to make the best decision" (John Hershfeld, personal communication).

The Massachusetts legislation, which was enacted in 1985, relies heavily on the experience in California. California's legislation, implemented in 1980, drew on experience in that state going back to 1973. Both states require the following:

- collection and maintenance of basic information on each caregiver;
- provision of information and referrals to parents (including assisting parents to learn what to look for when selecting a caregiver);
- provision of technical assistance and support to existing and potential caregivers; and

- maintenance of ongoing documentation on requests for service.

In addition, Massachusetts intends to require its Child Care Information and Referral Services to take a leadership role in the development of both formal and informal child care services in their community (John Hershfeld, personal communication). Both states permit the Child Care Information and Referral Services to provide other services in addition to the core requirements identified above.

Siegal & Lawrence (1982a) suggest that the following service orientation is appropriate for Child Care Information and Referral Services:

- commitment to parent choice in child care and respect for all parents' ability to choose the child care setting most appropriate for their child;
- willingness and capacity to address child care information and referral needs of all parents, not just those at risk;
- willingness to develop an inclusive referral system which includes both licensed and unlicensed caregivers;
- community-level networking - establishment of linkages with all agencies and institutions that serve children and families; and
- staffing by day care professionals who have a thorough familiarity with child care regulations and public policy issues.

In California, each county has one program to serve all its communities. Massachusetts has taken a more variable approach. The State has been divided into 12 areas on the basis of a formula which combines population size, geographic area and the usual service patterns used by residents.* Both Patty Siegal and

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* That is to say, an attempt has been made to build on existing service centres and their surrounding catchment area.

John Hershfeld state that the geographic area for which a Child Care Information and Referral Service is responsible must be small. These need to be local services, as parents will not travel long distances for child care.

Theoretically, since these are small programs, it would seem desirable to attach Child Care Information and Referral Services to larger organizations. However, there may be disadvantages. For example, if the Service is a very minor part of the sponsor's overall budget it may receive little attention or support from the board. Other potential difficulties include the impact of the sponsor's image. Massachusetts encourages each Child Care Information and Referral Service which is part of a multi-service agency to have a different name from the sponsor. When the sponsor is a child welfare agency, the State encourages a separate address (John Hershfeld, personal communication). If the sponsor provides child care there is a potential conflict of interest, i.e. the Service may feel under pressure to refer to its sponsor's child care program, thereby risking its objectivity. While Child Care Information and Referral Services can successfully operate as part of a multi-service organization, the California experience suggests that they are more successful if they "stand alone" (Patty Siegel, personal communication).

Siegal & Lawrence (1982a) advocate that Child Care Information and Referral Services have professional staff. Cline (undated) supports this position. He observes that most parents do not know how to select a day care arrangement that is safe, consistent with their sense of good child rearing practices, geographically convenient and affordable. Providing them with the knowledge base and techniques by which to accomplish this requires a person with a broad understanding of child care issues in addition to knowledge of local resources. On the basis of a demonstration project, he argues that a professional background in child care is necessary to give staff members credibility as providers of training for caregivers. Massachusetts has taken the position that a Child Care Information and Referral Service requires the equivalent of three full-time staff in order to fulfill its mandatory obligations. The State suggests that these three positions, or multiples thereof, be used for: a half-time director; a full-time information and referral counsellor; a half-time training assistant (to work with caregivers); a half-time resource development officer; and a half-time clerical worker.* (John Hershfeld, personal communication).

Programs to provide family support

Family support programs are based on the belief that contemporary families face stress which is often cumulative. "Interrelated pressures stem from the workplace, increased mobility and isolation, unemployment and poverty or economic uncertainty, as well as from recent demographic changes, including the rise in the number of working mothers, female-headed households and teen-age parents" (Weiss, 1986, page 1). The programs' primary orientation is a preventive one.

A 1986 study by Yale University and the Family Resource Coalition in Chicago, Illinois, involved seventy-one family support programs. It divided them into eight types: prenatal and infant development; child abuse and neglect prevention; early childhood education; parent education and support; home, school and community linkages; families with special needs; neighbourhood based, mutual help and informal support; and family oriented day care. Several of these could be used by any parent with a preschool child.

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* In Massachusetts, the Services' funding formula is based on population size; therefore, some Child Care Information and Referral Services would have more than three staff. The proportion of staff resources assigned to each task is expected to remain the same. Agencies are expected to raise a certain percentage of their operating budget (the percent increases each year), but are not expected to ever be totally self-sufficient. The minimal state funding is $90,000 (John Hershfeld, personal communication).

All the programs studied were found to:

- provide direct service to families;
- have a preventive orientation;
- employ intervention techniques that focused more on families than on individuals;
- use volunteers; and
- encourage parents to use networking and peer support services to increase the range of resources available to them.

Some of the services described in the Yale University and Family Resource Coalition study as family support services are also Child Care Information and Referral Services or Child Care Coordinating Council programs for community networking of child care concerns. They are similar to the family support programs in orientation and activities. Their uniqueness lies in:

- their use of at least some day care professionals as staff;
- their relatively large number of staff people in comparison to most family support services;
- the large percentage of their budget which comes from government sources;*
- the large size of the population they serve;* and
- their advocacy role.

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* Bananas, a program in California, had a 1983 budget of $368,000 of which 82.6% came from the state government. The Child Care Resource and Referral Inc. 1983 budget was $962,700 of which 48% was federal, 37% local government and 6% state government funds. These programs are described in Appendix A.

CHAPTER II - EXPERIENCE IN BRITAIN

Context

The term "childminding" is used in Britain to refer to the provision of substitute care in a home rather than a centre. All such situations are supposed to be registered, however, it is estimated that 100,000 to 500,000 children are being cared for by unregistered childminders (Beckwith, 1982).

Childminding is a major part of the British system of substitute care for children under age five. According to Beckwith (1982):

- childminders care for at least three times more children than do day nurseries;
- childminding is the most rapidly expanding substitute care service for children (between 1980 and 1982, childminding registrations increased from 30,000 to 43,000); and
- many British day nurseries no longer admit infants or toddlers and/or restrict their service to children with serious behavioural, developmental or family difficulties.

In addition to the growing proportion of children for whom childminders must provide care, Beckwith notes that they are increasingly being expected to care for children with special needs and children from a wide range of ethnic backgrounds and cultures.

Training and support for childminders

In the mid 1970's Jackson & Jackson (1979) observed a number of inner-city childminders in their homes as they looked after children and were appalled at the lack of stimulation the children received and the apparent lack of child care knowledge among the childminders. Ten childminders were selected and given an intensive four-days-a-week, five-week course. Jackson & Jackson completed a checklist regarding the physical conditions of the house and the quality of care provided (e.g. whether the child is talked to or left in front of the television all day) on each childminder just before the course and six months afterwards. Although the caregivers had all stated that they enjoyed the course, at follow-up there was no difference in checklist score for any participant.

Jackson & Jackson (1979) hypothesized that the lack of carry-over from the course was the result of the following factors:

- the inappropriateness of the crash course approach. The childminders were being asked to make a radical change in their child care practices over a short period of time while remaining in the same environment among family members who were not changing. A less intensive course over a longer period might have been more effective;

- the inappropriateness (at least for the initial stages) of the informal approach used. The childminders came from a background where "experts" were authoritarian and they wanted what they could perceive as clear direction. In retrospect, Jackson & Jackson believe that the course might have been more effective if it had begun with an authoritarian approach while teaching the participants to cope with informal discussions; and

- the lack of ongoing support for the caregivers. They could not keep in touch with each other because of distance and no follow-up visits were provided by the course instructors. Apparently a couple of the caregivers tried to put into practice what they had learned on the course but became discouraged so did not continue.

In follow-up to the above unsuccessful experience Jackson & Jackson tried another approach which focused on the provision of ongoing support for childminders. They established a "childminder's centre" where childminders could come and socialize while staff provided a play group. The centre also operated a toy library and discussion groups. No formal evaluation data is provided, but Jackson & Jackson provide anecdotal data on the centre's success in supplying childminders with peer support and, in some cases, successfully encouraging them to take relevant courses at a local community college. At the time of writing (1977), the centre had expanded to include a mobile toy library and regular discussion groups in small towns and villages in the surrounding rural area. It also had been duplicated in several other cities.

The apparent success of the centre concept may be due to what appears, from the description, to be a very low-key supportive environment staffed by people who have learned how to boost the childminders' morale. There also seems to be a willingness to let change take place slowly and to teach by example rather than precept. Also probably important is the use of outreach techniques to attract childminders, e.g. knocking on doors and distributing free toys as a way of introduction to the centre.

The issue of training childminders has also been addressed by Beckwith (1982). She was concerned that the approach based on clearly definable standards, best taught by professionals in a one-way process to a passive group of childminders, undermined the experience of childminders. As a result, they "showed their rejection with their feet" (page 15).

In 1981, Beckwith presented a preliminary model for childminder training to a national childminding conference. Unlike previous models, which were adaptations of courses given to centre-based staff, this model had been developed through discussions with childminders to identify issues that needed to be addressed. It also recognized the fact that there are wide variations in childminders' experiences; therefore materials had to be developed at different levels. Similarly, it was deemed desirable to offer a flexible package which would enable people to take up issues or topics of concern to them at particular times. The preliminary model contained:

- a common core dealing mainly with organizational matters, e.g. legislation and registration, planning and organizing one's day, childminding support services, supply and demand factors; and
- 12 modules on specific broad areas of interest, e.g. child development, health and safety, purposeful play.

Each module had three "levels of understanding" and six topics. This resulted in a total of 234 topics. Because the model uses a topic-based approach, Beckwith (1982) states that it is possible to use it:

- to present a full course by selecting topics from modules at the same level;
- to explore a single module indepth by using all three levels consecutively;
- to present a single topic for a seminar or meeting; and
- to tailor courses by mixing levels of understanding and topics to meet the needs of childminders of differing levels of experience or different interests.

Between August, 1981 and July, 1982 a total of 15 regional meetings were held in all parts of England, Scotland and Wales to obtain feedback on the preliminary model. Over 1,300 people participated. The majority of participants were childminders, social workers and parents.* Feedback from the meetings supported the concept of an issue-based model with modules which had different "levels of understanding". However, some of the original topics were deemed to have less priority than topics which repeatedly were identified during the meetings. The content of the model has subsequently been revised. The new modules are:

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* More detail on the format and organization of these meetings is presented in Beckwith, 1982.

- organizational issues;
- social services;
- educational and community services;
- health and safety;
- relationships and attitudes;
- purposeful play;
- child development - physical and sensory development;
- child development - social and emotional development;
- child development - intellectual and language development;
- abnormal development; and
- causes for concern in childminding.

There is also a module which is a collection of unrelated issues, e.g. women at work, race and discrimination, vulnerable groups in society. Beckwith's report does not discuss experience using the model in childminder training.

The two approaches are quite different. Jackson & Jackson (1977) emphasize improving morale and providing a support group for childminders prior to attempting training. Their experience has suggested to them that change is more likely to occur through example than through instruction. It is probably important to note that Jackson & Jackson were working with inner-city immigrant childminders in England's industrial north. Beckwith (1982), on the other hand, appears to have worked with a more articulate group of women who were able to discuss the type of information they required. As a result, their learning style might have been such that they could benefit from a formal course. Unfortunately, Beckwith does not provide follow-up information. The differences in approach indicate a need to be aware of the different groups within the caregiver population and to attempt to match training approaches with learning style.

In a report at a conference of the National Childminding Association in Britain, which apparently took place in 1985, Susan Owen noted that a 1984 survey of 85 municipal/borough social service departments (over half the "local authorities" in England and Wales) indicated that:

- 48 (56%) loaned equipment to childminders;
- 46 (54%) had toy libraries;
- 46 (54%) provided childminder training courses; and
- 34 (40%) operated childminder centres.

On the other hand, several local authorities indicated that they were not prepared to do more than subsidize certain children. Their argument usually was that childminding was a private arrangement made by the parent; therefore, the parent should have the responsibility for the standard of care provided.

CHAPTER III - EVALUATION

Programs to support the informal child care system

Despite an exhaustive computer-assisted literature search on experience in Canada, the United States and Britain, plus interviews with key informants in nine of the ten provinces, it was not possible to locate any outcome evaluation reports on programs to support the informal child care system. Only one article was found which addresses the issue of what program characteristics appear to be necessary for success. No articles were located which examined the issue of whether certain program components should be provided or the influence of different types of sponsors.

The paucity of examination of this type of program probably reflects:

- their relatively recent development. They appear to have begun in the early 1970s in the United States and, for the most part, in 1980 in Canada;
- the fact that, in the United States, the impetus for their development has been parents, informal caregivers or local community planners and typically a given program receives funds from a variety of sources; and
- in Canada multi-service programs to assist informal caregivers only exist in British Columbia and Ontario.*

Siegal and Lawrence (1982a) suggest that programs attempting to improve the quality of informal child care need to:

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* Prince Edward Island's project, which was not a multi-service agency, was a one-year demonstration project which has not received subsequent funding.

- establish linkages with all agencies and institutions in the community which serve children or families; and
- be staffed by child care professionals who have a thorough familiarity with child care regulations and public policy issues.

The coordinator of the Kelowna, British Columbia, program expressed the opinion that mandatory in-service training of providers was an essential component for the improvement of the informal child care system (Linda Elliott, personal communication, September, 1986).

The Prince Edward Island project, which is believed by the province's Day Care Coordinator to have both improved the quality of care in the informal system and reduced provider turnover, relied on a combination of training and practical assistance from "sponsor" formal child care agencies. The relationship between the formal child care agency and the informal caregivers to which it related was a contractual one. This may have reduced caregiver feelings of isolation by providing the assurance that they had the "right" to call on the formal child care centre for advice or assistance. In addition, all the informal caregivers attended a course given at the same community college, as a result, they became aware of other informal child care providers in their area (Kathy Rochon, personal communication, July, 1986).

The California Department of Education has developed a formal review process for Child Care Information and Referral Services which is divided into an administrative component and a services component (Cervantes, 1984). This will permit the state to determine programs' policies and practices on the basis of objective data but will not assist it to determine outcome. Massachusetts intends to institute on-site visits by State officials to examine practice in its Child Care Information and Referral Services (John Hershfeld, personal communication).

Programs to support parents

Family support programs are also a relatively new phenomenon. Over two-thirds of the seventy-one United States programs surveyed by the Yale University and the Family Resource Coalition study (1986) began after 1974. The Ontario Prevention Projects began in 1980, and its other support programs for parents using informal child care were implemented subsequent to that date. British Columbia's Supportive Family Day Care Program was implemented in 1980. No other province provides services specifically aimed at the users of informal child care.

No outcome evaluation studies were located through the literature search or interviews with key informants. The 1986 Yale University and Family Resource Coalition study suggests that success is associated with:

- a partnership approach between parents and staff. This may be enhanced by the use of volunteers with parenting experience and/or a blending of paraprofessionals and volunteers with professionals for service planning and delivery;
- provision of a blend of formal and informal supports for families. Networking efforts such as a parents' corner in a drop-in centre, networking evenings and newsletter hook-ups increase the resources parents have to draw on by encouraging the exchange of babysitting, toys and equipment;
- development of linkages with other community agencies and service providers. This is important to reduce resistance from other agencies based on concerns about territory and service duplication so that the program can link families to services it cannot provide;
- involvement of a broad spectrum of community and organizational representatives in the development of the program and on its operating board; and

- provision of ongoing information to the public and community leaders about the program and its accomplishments. Developing and maintaining a firm community base of support is particularly crucial for programs depending on municipal government or charitable dollars for part of their funding.

The British Columbia Supportive Family Day Care Program has not been examined as a whole, although individual agencies may have been (Linda Elliott, personal communication, September, 1986). Seven of Ontario's Prevention Projects have program components similar to those of the Child Care Resource Centres or the Child Care Network Projects.* As illustrated by Table 3, on the following page, the 1984 survey of these seven projects has the following points of agreement with the survey done in the United States by the Yale University and the Family Resource Coalition (1986):

- the use of volunteers and paraprofessionals is not only appropriate but also may assist in user acceptance of the service; and
- a blend of formal and informal supports is probably the best approach. The encouragement of mutual support among users lessens the development of dependence upon the program.

A sample size of seven is small, but it is important to note, in relationship to the development of Child Care Support Services, that the MCSS (1984) study indicates:

- it is necessary to develop outreach techniques for reaching the target population; and
- significant time is required to establish networks.

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* The Rural Primary Prevention Project (Algoma), the Caribbean Outreach Project, the Reseau Parents Network, the Northeast Neighbourhood Centre, the Jane-Finch Community and Family Centres, the Highland-Stirling Neighbourhod Project and the Child Care Network.

Table 3

SUMMARY OF THE EVALUATIONS OF SEVEN MCSS PREVENTION PROJECTS (MCSS, 1984)

PROJECT TYPE	PLANNING	DELIVERY	STAFFING
Parent education (N=2)	• location should be neutral and non-threatening, e.g. a community centre rather than a social agency • target group must be identified in terms of age, concerns, culture, geographical density and learning style. The need to travel or client perception that materials are irrelevant negatively affects participation	• outreach is essential, word of mouth is insufficient • lecture format seems less effective than discussion and opportunities to learn from each other • flexibility to change the program design and content to meet the participants' needs is essential	• staff need the ability to develop rapport with participants. It may help if they are of the same socio-economic background • volunteers may be appropriate • staff need training
Parent/child drop-in (N=3)	• location must be physically accessible to parents of young children • atmosphere is important, the setting must be a welcoming and comfortable place • program design must include: training of staff about other services and referral; emotional support for staff; and outreach	• outreach is important and should be aimed at people who are isolated and under stress • the program should facilitate problem-solving and mutual support among participants, staff must be careful not to foster dependence	• programs with high participation rates tend to use para-professional staff from the local community • staff need training and back-up for program planning and making referrals
Community development and networking (N=2)	• clear goals and strategies are vital, otherwise workers tend to respond reactively rather than carry out a planned intervention • consultation with community residents about which interventions would best suit their needs is essential • it takes several months to a year of operation before any results occur	• requires substantial outreach, the target population is isolated and suspicious of government-funded services • the process of getting people together is important in itself; actual activities engaged in are less important • linking up groups of people appears more effective than linking pairs of people • it takes longer to establish networks around sharing child care responsibilities than around other neighbourhood issues, perhaps because of the degree of trust required	• staff recruited from the local area appear to find it easier to make and retain contact with potential clients. Formal education is less important • staff without formal qualifications require social work supervision to assist them in determining the appropriate response to residents with serious problems • workers must be trained to recognize situations calling for interventions beyond their capabilities

CHAPTER IV - PRELIMINARY DISCUSSION OF ISSUES

The needs of constituents

Child Care Support Services are intended to assist the parent who is seeking or using informal caregivers and/or to provide support for informal caregivers. However, the needs of the two groups are different.

The parent

A large number of both urban and rural parents use the informal care system. However, finding an informal caregiver can be difficult. Calzavara's 1983 study in East York found that a third of the parents surveyed (total N=50) did not know any potential caregivers in their neighbourhood. Therefore, they had to rely on word of mouth, bulletin boards or newspaper advertisements. The Longwoods Research Group (1982) noted that the majority of its 73 parents stated that they found locating child care extremely stressful. The researchers suggest that this is because the mothers lacked basic search skills or clearly thought-out expectations of the caregiver. The report concludes by recommending a public education campaign directed at the seekers and users of informal child care and addressing: how to select a caregiver; ongoing monitoring; and communication between the parent and caregiver. Bradbard & Endsley (1980) found that 45 mothers, whom they characterized as middle class and well-educated, had few resources available to them to assist them to be discriminating child care users. They note that parents' choices determine the quality of services that their children receive; therefore, the quality of child care would be enhanced by educating parents to be more discriminating in their choice of day care providers.

The above findings suggest that parents require:

- assistance in locating satisfactory providers of informal child care; and
- assistance in learning how to assess and select caregivers.

The issue of ongoing monitoring of child care is also important. The Longwoods Research Group's 1982 report notes that once users had selected a caregiver (usually on the basis of intuition!) "they did not closely monitor the services provided on a daily basis" (p.24). Caregivers expressed concern that many parents were in a rush to get home and did not take the time to find out about the child's day.

Caregivers

Two Ontario studies have found that informal caregivers generally have no more than high school education and many have less. Johnson (1977) reported that more than 50% of her sample had gone no further than elementary school. Calzavara (1983) found that only 8.6% of her subjects had any post-secondary education and the majority had not completed high school. Stuart & Pepper (1985a), however, report 44.6% of their sample of 76 informal caregivers had some post-secondary education. Their sample may not be typical. Subjects were obtained by advertising for caregivers to participate in a research project, and the onus was on the caregiver to initiate contact with the researcher. Furthermore, a comparison study on caregivers whose participation was arranged through a Private Home Day Care Agency (Stuart & Pepper, 1985b) found only 24.0% of the participants had some post-secondary education. It therefore seems reasonable to assume that a large proportion of informal caregivers have no more than a high school education. Yet these women, when they enter the informal caregiver system, suddenly must become not only child care providers but also businesswomen. Informal caregivers surveyed by the Longwoods Research Group (1982) expressed the need for assistance in:

- dealing with unreliable or inconsistent parents and their demands;
- dealing with the isolation of being at home with young children all day;
- dealing with providing care for children who might be, or become, ill;
- management of child behaviour problems; and
- the financial and administrative aspects of operating an informal day care service.

These suggestions clearly indicate the need for some type of training and support system for informal caregivers. The Jackson & Jackson (1979) study from Britain, discussed earlier in this paper, and an examination of social support networks by Long (1983) also indicate the need for ongoing efforts to combat the isolation of informal caregivers.

The relationship between family support services and services to support informal caregivers

In both Canada and the United States, there are two national movements concerned with the provision of care to young children. One, traditionally, focuses on the provision of support to parents, especially those caring for their own children in their own home; the other has focused on the provision of support to substitute caregivers. The breadth of target population has also differed. Family support services, especially those with a prevention orientation, tend to be selective and to focus on individuals or groups considered to be "at risk". The target population for informal provider support services has been all participants in the informal child care system. The literature suggests that family support programs are most effective when staffed by non-professionals (Yale University and the Family Resource Coalition, 1986; MCSS, 1984). However, the provision of caregiver support, especially training and the provision of technical assistance,* is deemed best provided by day care professionals (Cline, undated; Siegel & Lawrence, 1982a). Finally, there is some degree of conflict between the philosophies of the two movements. Some, but not all, people involved with the family support movement strongly advocate that parents should be encouraged to remain at home to look after their own children, rather than use substitute care. They therefore do not view the provision of support to alternate caregivers as an appropriate focus for their programs.

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* For example, advice on business or licensing matters.

In practice, there is considerable overlap in activities between family support services and services to support informal caregivers. While the British Columbia Supportive Family Day Care Program focuses on provider support, agencies funded through this initiative also provide parent education and consultation. In Ontario, Child Care Resource Centres and Child Care Network Projects, as a group, provide a mixture of family and substitute caregiver support services.* Staff from the programs, interviewed during the course of this survey, noted that many caregivers are also the parents of young children. In the United States, Child Care Information and Referral Services invest a significant proportion of their time and resources in provider support. However, they also provide family support services, such as: parent peer support groups; toy lending or exchange services; and parent education courses (Siegel & Lawrence, 1982a). Programs discussed in the study on family support services conducted by Yale University and the Family Resource Coalition (1986) include agencies such as Bananas, Child Care Resource and Referral Inc. and the Mountain Ute Family Resource and Day Care Centre, all of which also provide substitute caregiver support services (see Appendix B).

The United States experience, which pre-dates that of Canada by over a decade, would suggest that separation of family support and provider support services is becoming artificial. It appears that in the United States, the child care and the family support movements are increasingly serving the same parents. As a result, there is a blending of their goals. Cline (undated) observes that many Child Care Information and Referral Services are part of agencies directly involved in the provision of services to families with children and are an integral part of the continuum of services offered by these agencies.* He believes that provider training and support are a natural complement to the education of parents to be informed consumers. The latter involves activities traditionally associated with family support services, such as: parent information on child development, appropriate play activities, nutrition. Class (1980) specifically advocates bringing providers and users together in the same situation for educational discussions about child development and child care.

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* A few Child Care Resource Centres focus solely on parent support services.

Accountability

Several Canadian writers have strongly stated that there must be some form of accountability for service provided and quality assurance in the child care field (Calzavara, 1983; Johnson, 1977; Lero, 1981; the Longwoods Research Group, 1982; Pelletier, 1983; and Stevens, 1984). The different methods which are used in different jurisdictions are:

- licensing - a standard of basic care is established by a regulatory agency and a potential provider must prove competence in relation to the standard before being permitted to provide care;
- approval or registration - a caregiver is registered with an agency or government upon request. It is assumed that the provider is competent unless proven otherwise through parental complaint or subsequent inspection. There is no requirement for proving compliance with standards before being permitted to provide care; and

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* Siegel (personal communication) cautions, as discussed earlier, that although this arrangement can work successfully it can also have disadvantages.

- non-regulatory support - the provision of caregiver support and education for parents to assist them to become informed consumers.

All provinces in Canada use licensing with child care centres as a method of encouraging the provision of quality care and accountability for the services provided. Family day care, is addressed as follows:

- licensing of each individual home (Alberta, British Columbia, Manitoba, New Brunswick, Prince Edward Island, Saskatchewan, and the Yukon);
- licensing of child care agencies which are responsible for the services provided by the caregivers they employ (Alberta, Nova Scotia, Ontario and Quebec); and
- registration or approval of individual homes (British Columbia, New Brunswick and Nova Scotia).

Ontario appears to be the only province providing non-regulatory support which combines both parent education to assist parents to become informed consumers and support for informal caregivers. The British Columbia Supportive Family Day Care Program focuses on provider support. Provinces obviously use more than one approach with family day care operators. It is also probable, in all provinces, that a significant proportion of the informal child care system is neither licensed, approved, registered nor receiving non-regulatory support.

Several United States' policy analysts have argued that licensing, which is a successful approach with centre-based child care, is not appropriate with family day care (Class, 1977; Morgan, 1980; Sale, 1980; Siegel & Lawrence, 1982a). The reasons cited for this opinion are that:

- the sheer magnitude of numbers of family day care operators and the frequency of their turnover would require an immense investment of people and resources to license all homes;

- licensing is the most time-consuming approach to quality control and, hence, the most expensive;
- the length and complexity of the licensing process makes little sense to family day care providers and discourages them from applying for a license. Therefore, the use of licensing contributes to the present sub-rosa aspects of family day care; and
- many users of family day care view it as a private arrangement and are reluctant to have government involved.

The number issue is, itself, a major stumbling block. If the regulatory body is unable, because of lack of resources, to inspect and license all family day care homes, the result will be unequal treatment under the law. This, in turn, may not only create hostility but also undermine the credibility of the licensing process, including that of centre-based care (Morgan, 1980).

Instead of licensing, Class (1977), Morgan (1980) and Sale (1980) advocate the use of registration. Apparently California, Michigan and Texas use this approach (Morgan, 1980; Sale, 1980). Basically the process works as follows:

- the state government enacts legislation:
    - establishing basic standards
    - giving the state the right to inspect for compliance with the standards, but not requiring it to do so
    - requiring providers of family day care to register
    - permitting the state to prohibit continued operation if standards are not met;
- potential family day care providers request registration and, as part of the process, certify that their home meets the state's standards and that they are aware that they may be subject to inspection. There is no pre-registration inspection and the home is deemed acceptable until proven otherwise;

- a complaints procedure is developed and the provider is required to give each parent a written copy of the procedure along with a copy of the state's standards;
- the state does not routinely inspect homes but does spot checks on a percentage on a rotating basis and on request from the provider, a parent or a member of the community.

By implication, provision of family day care by a person who is not registered is prohibited. In reality, the lack of social visibility of family day care makes registration impossible to enforce. Incentives to register may include: education of the public to favour the use of registered family day care providers; requiring registration as a prerequisite for receiving subsidized children; provision of consultation; or provision of a variety of provider support services. A critical determinant of the success of this approach is the reporting of non-compliance with standards, or inadequate care, by the parent and the parent's willingness to participate in the resultant government investigation.

The registration approach appears to have the following advantages:

- it is more likely to bring family day care "out into the open" than is licensing because it is a less complex and threatening procedure. Once informal caregivers are identified they can be provided with information and consultation;
- the government does not put itself into the position, as it does with licensing, of appearing to guarantee quality in a situation where volume would preclude adequate monitoring. For example, instead of certifying that a home meets certain standards, as it does when licensing, it only certifies that the provider believes that the home meets the standards. At the same time, however, the government retains the right to prohibit continued operation if a home fails to meet standards; and

- it reinforces the parent's responsibility to evaluate potential caregivers rather than encouraging them to rely on a license as a guarantee of quality. This requires education of the public on the difference between registration and licensing so that parents recognize the need for their assessment and ongoing monitoring.

Sale (1980) notes that several states "have used registration of family day care with mixed results: some swear by it, others find it ineffective. The variable that seems to make it most palatable is the amount of support services offered in conjunction with this form of regulation" (page 11). Class (1977) states that, in addition to any regulatory program for family day care "it is essential from the viewpoint of safeguarding children and upgrading care that there be a concomitant development of community support services both for providers and (adult) consumers" (page 50). In light of these opinions, it is inappropriate to assume that a registration process would be less costly than licensing because of its lack of requirement for regular mandatory inspection. Implementation of a successful registration process is believed to require concurrent provision of supports to caregivers and education of parents to be informed consumers who will use the complaint process where appropriate.

Morgan (1980) and Sale (1980) suggest that the regulation and provider support functions should be separated. "True consultation is a relationship voluntarily entered into by both parties and freely ended by either party at any time. That characteristic can never be present in consultation from a regulatory agency" (Morgan, 1980, page 86). While consultation on the requirements of whatever regulatory process was being used might be provided by staff of the regulatory body, the above suggests that consultation related to programming should come from another source. It is interesting that in British Columbia, agencies funded through the Supportive Family Day Care Program are involved in both operation of an approval process for family day care providers and the provision of in-service training and consultation to them. However, in this situation, there is not legislation in place requiring registration.

Caregiver registries and the issue of liability

Siegel and Lawrence (1982b) note that caregiver registries face potential liability in regard to:

- parents and children;
- providers; and
- their own staff.

In the first situation, the registry might be held liable for any referral made to a child care provider who was deemed to have endangered the health or safety of the child. Liability to providers is most likely to stem from the registry's decision to stop making referrals to a particular provider. The provider could sue the registry to be reinstated on the basis that the decision represented arbitrary discrimination or to recover what she believes are damages from lost business. The third category of potential liability for caregiver registries involves the responsibility of staff members to report any suspicions of child abuse.

Liability in regard to parents and children

Parents frequently ask registry staff "could you tell me which home you think is best" (Siegel & Lawrence, 1982a, page 8). However, staff must be careful to avoid making a specific recommendation or commenting on the quality of one caregiver in comparison to another. If such care is not exercised, the role changes from referral to placement with, in turn, the assumption of responsibility for quality which results in vulnerability to liability. Some United States' registries handle this issue by only referring to licensed caregivers. This practice however, severely limits the choices available to parents. A more appropriate approach would seem to be a combination of:

- provision of more than one referral so that the need for the parent to choose is clear;
- discussion with parents about what to consider when comparing options and how to conduct site visits and interviews with potential providers; and
- a written statement given to all parents clarifying that the registry does not guarantee the quality of service provided by caregivers to whom it refers.

Massachusetts suggests to its Child Care Information and Referral Services that they:

- give the parent a minimum of three names and specific guidance that they should visit each potential caregiver;
- not allow the people providing referrals to visit potential caregivers; and
- ensure parents are informed that the list of names is purely a referral and that the responsibility for choosing a caregiver rests solely with the parent (John Hershfeld, personal communication).

By suggesting that people making referrals not do caregiver visits, Massachusetts hopes to avoid any perception that the registry is supervising or approving the caregiver. Therefore, it encourages complete separation of the role of registry worker from the role of trainer and support for the caregiver. Massachusetts even advocates that these two positions be filled by different people.

Bananas, in California, uses the following statement in an attempt to ensure that parents understand that the registry is not placing children:

> "Bananas believes that parents are best able to choose and evaluate child care for their children because they know their children's needs best. Bananas' goal is to assist parents in finding the widest range of available child care situations and to encourage parents to act on their own knowledge and feelings as they select among these possibilities. Responsibility for selecting and employing a child care provider rests with each parent. We cannot guarantee the quality of the providers in our files and urge parents to carefully interview and check references before leaving a child in care."
>
> (Siegel & Lawrence, 1982b, page 9)

In a personal communication (December, 1986), Siegel stated that this disclaimer has been successfully used for 10 years and the agency sees no reason to change it.

Liability in regard to providers

Establishment of clear, written policies and procedures regarding handling complaints and removing caregiver names from the registry helps to protect the registry from liability in relation to providers (Siegel & Lawrence, 1982b). Documentation on the number and types of complaints, along with the extent to which they were verified, would also assist in making the decision of whether or not to remove a particular caregiver's name from the registry.

Liability in regard to registry staff

Section 68 of Ontario's Child and Family Services Act specifies a wide range of people who are considered to perform "official duties" with respect to children and have an obligation to report any suspicions of child abuse. Included in the list are employees of "a service provider". This designation is so broad that it could easily be deemed to include the staff of caregiver registries. Again clear written policies on handling parental complaints, the circumstances in which they are to be investigated, and to what extent, are required. These would help to identify those situations where registry staff should report their suspicions about a caregiver. Careful records should also be made of all complaints and their follow-up is order to document the way in which a decision to report was made. This would assist in protecting the registry from charges of libel.

Training caregivers

The format used to provide training for informal caregivers includes telephone consultation, correspondence courses, seminars, workshops and college courses. It appears desirable to have training developed and provided by people who have first-hand experience in child care (Beckwith, 1982; Cline, undated; Siegel & Lawrence, 1982a). However, it is important to recognize that the training needs of people providing care in their own homes are different from those of centre-based caregivers (Beckwith, 1982; Sale, 1980). The British experience, discussed earlier in this paper, suggests a need to recognize that there are subgroups in the informal caregiver population and these may require different approaches.

The content required by home-based providers includes information on:

- government regulations;
- business planning and administration (including financial management);
- child development;
- child health and safety; and
- programming.

(Beckwith, 1982; the Longwoods Research Group, 1982;
Siegel & Lawrence, 1982a)

Sale (1980) notes that, generally speaking, programs that have been provided on-site in colleges have not been well received. She comments that after a long day looking after children it is difficult to find energy for evening classes. This issue of accessibility was addressed in the Prince Edward Island project by conducting classes on Saturdays and is addressed by Ontario's St. Lawrence College by offering a correspondence course through which students proceed at their own pace. In both cases, the courses appear to have been well-received (Kathy Rochon, Day Care Coordinator, P.E.I.; Marilynn Yeates, St. Lawrence College).

PART II - SURVEY OF ONTARIO CHILD CARE SUPPORT SERVICES

INTRODUCTION

Information on the 115 programs* being referred to collectively as Child Care Support Services (CCSSs) was obtained through:

- a monitoring form circulated by MCSS to collect basic descriptive and statistical information on the 109 Child Care Resource Centres;
- a very comprehensive questionnaire developed for this survey and completed by the Child Care Resource Centres (CCRCs), the two Child Care Network Projects and three of the four Prevention Projects** in September and October, 1986; and
- follow-up telephone interviews with a representative from each CCSS which completed a questionnaire. The intention of these interviews was to provide an opportunity for the consultant to clarify responses, where necessary, and for the program to provide additional comments or information.

At the time the monitoring forms were completed, eight programs were in the start-up stage and had not fully developed any services. Monitoring form responses from these programs were not included in this survey, thereby reducing the number of monitoring forms to 101. Ninety-two of these were completed, which gave a response rate of 91.1%.

Table 4 demonstrates the number of monitoring forms from each region analyzed in this survey.

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* Throughout Part II the term "program" will be used to refer to anything the agency considers part of its Child Care Support Service. The term "service" will refer to a component of a program, e.g. a toy library.

** One Prevention Project did not complete its questionnaire.

Table 4

NUMBER OF CCRC MONITORING FORMS ANALYZED FROM EACH MCSS REGION

Region	Total No. of CCRCs	CCRCs in start-up	CCRCs not responding	Forms analyzed	Response rate
Central	40	2	1	37	97.4%
East	20	1	4	15	78.9%
West	30	3	3	24	88.9%
North	19	2	1	16	94.1%
Total	109	8	9	92	91.1%

Although there are 115 programs identified as CCSSs, information obtained during the course of the study indicated that some agencies sponsor more than one program. In these situations the sponsoring agency had inevitably returned a separate monitoring form for each CCSS. However, due to the length of the questionnaire and a wish to avoid duplicating responses, they asked to complete only one questionnaire for all their CCSS programs. As a result, six CCSSs were included with the response for another program, thereby reducing the maximum response that could be expected for the questionnaires to 109. A hundred and two out of the 109 questionnaires were returned, a response rate of 93.6%.

Table 5 demonstrates the number of questionnaires from each region used in this survey.

Table 5

NUMBER OF CCSS QUESTIONNAIRES ANALYZED
FROM EACH MCSS REGION

Region	Total no. of CCSS sponsors	Sponsors not responding	Questionnaires used	Response rate
Central	38	4	34	89.5%
East	23	0	23	100.0%
West	29	0	29	100.0%
North	19	3	16	84.2%
Total	109	7	102	93.6%

Questionnaire responses were available for all eight CCRCs that had been in start-up at the time the monitoring forms were completed in March and April, 1986, and for the CCRCs in East and West regions which had not responded to the monitoring forms. Therefore, both monitoring form and questionnaire information was missing from only two CCSSs, one in Central region and the other in North region.

Generally the monitoring forms were filled out completely, and there appeared to be no content areas where a large number of respondents consistently experienced difficulty. However, many programs had problems with the questions on the questionnaire which required a statistical response, e.g. service volumes. Discussion during the follow-up interviews indicated that the programs either did not keep the statistics or did so in a form completely different to that on the questionnaire.

Several questions on the questionnaire further explored issues for which basic information had been obtained through the monitoring forms. Rather than present the information in two sections, depending on its source, the information is presented by topic. The source of the different pieces of data is indicated in the discussion.

CHAPTER V - MANDATE VERSUS ACTUAL TARGET GROUPS

Background

In 1980, MCSS introduced a funding initiative to stimulate the development of support services to enhance the quality of informal child care. The specific objectives of the Informal Care Initiative were:

- to increase access for caregivers to information and resources appropriate to their needs;
- to provide support services that would be beneficial to children receiving informal care;
- to increase contact among caregivers as a form of mutual support and development; and
- to provide information to parents on how to locate and evaluate informal care.

To be eligible for funding under the Informal Care Initiative, projects were required to have one or more of these objectives and to provide at least one informal child care support service. However, the Ministry acknowledged that other groups, including the parents of young children, might also benefit from the services provided. Therefore, projects were not required to focus exclusively on informal child care providers and/or parents using the informal child care system. Projects funded under the Informal Care Initiative became known as Child Care Resource Centres (CCRCs).

The decision to fund individual CCRCs was based upon proposals sponsored by local community groups and organizations. While objectives and criteria for funding were articulated in the funding guidelines, each Ministry area office had the discretion to modify the criteria, within the specified framework of the initiative, to suit local needs and circumstances. The 1981 MCSS report, Day Care Policy: A Background Paper, listed the following examples of services which might be provided by CCRCs: "information/referral networks; the establishment of drop-in resource centres for informal caregivers and the children they care for; the provision of basic information on issues such as health, nutrition and safety; assistance to caregivers in developing mutual support plans in the case of emergency and illness; day care resource staff to establish a more substantial connection between caregivers and parents; or a toy lending service offering a variety of suitable toys and equipment" (page 62).

Although the CCRCs are the primary focus of this survey, two Child Care Network Projects and three Prevention Projects are also included. In 1984, at the impetus of the Ontario Women's Directorate, MCSS introduced time-limited funding to develop two Child Care Network Projects on a demonstration basis. They were intended to serve primarily as catalysts for developing and coordinating a range of child care support services (both formal and informal). Therefore, their mandate is broader than that of the CCRCs but includes the enhancement of the quality of informal child care.

In 1979, MCSS initiated a number of demonstration Prevention Projects. The purpose was to evaluate the effectiveness of different interventions in reducing the need for service among high risk populations. Several of these Prevention Projects developed services such as drop-in programs for parents and preschoolers, toy libraries and parent education workshops. As a result, they provide services similar to those provided by CCRCs. Three of these Prevention Projects are included in this survey.

Current Roles

The professional literature and key informants suggest that enhancement of the informal child care system requires:

- provision of support services to caregivers; and
- education of parents to be informed consumers.

Therefore, the questionnaire attempted to explore the extent to which these activities are pursued by the Child Care Support Services (CCSSs). Eighty-nine (87.3%) of the programs which responded reported that informal caregivers groups use their services. Most respondents stated during their follow-up telephone interview that their program does not distinguish between parents and caregivers. Both use the same services simultaneously. Only 13 programs indicated on the questionnaire that they provide workshops or discussion groups aimed specifically at caregivers, four of these also operate play groups or drop-ins for caregivers and three have caregiver support groups. Although 88.3% of the programs offer workshops or discussion groups, only seven specifically mentioned that they provide training or written materials to assist parents to be informed child care consumers.

Responses to the questionnaire, plus the follow-up interviews, indicated that CCSSs tend to serve one of the following three distinct client groups:

- middle class mothers seeking social and intellectual stimulation for their child;
- high risk mothers, e.g. single parents or mothers from subsidized housing; or
- mothers who are already part of the social service system and have often been referred by their social service worker, e.g. CAS clients, welfare recipients.

Both the combination of services offered, and the original impetus to start the program, differs with the target group. However, the programs are similar in their emphasis on family support rather than enhancement of the informal child care system. Table 6 illustrates the goals stated by respondents during their follow-up telephone interview. Only 26 CCSSs, 25.5% of those reporting, mentioned goals or objectives specifically related to meeting the needs of caregivers.

Table 6

GOALS OF CHILD CARE SUPPORT SERVICES

Goal	No. of CCSSs stating goal (N=102)
• to reduce parent isolation	26
• to improve parenting skills	25
• to encourage the development of mutual support systems among families	15
• to support informal caregivers	15
• to provide support to families	10
• to assist in ensuring positive child development	9
• to promote positive parent/child interaction	8
• to improve the skills of informal caregivers	8
• to reduce the stress associated with parenting	8
• to improve the quality of the informal care system	3
• to prevent child abuse	3
• to support high risk families	2
• to provide child stimulation	2

Note: A program may have identified more than one goal.

Not only are caregivers generally not identified as a separate client group with separate needs, but they appear to have less impact on the programs than do parents.* Fifty-two CCSSs reported on the questionnaires that there is a parent representative on their board or advisory committee, but only 16 reported a caregiver in this capacity. An additional 10 indicated that there is a "user" on the board but did not specify if the person was a parent or caregiver.

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* Several respondents noted that many informal caregivers are simultaneously the parents of small children. They use the program for their own children as well as for the children they are looking after.

Eighty of the programs reporting (78.4%) indicated that parents are involved in the planning, development and/or delivery of services, over and above simply providing suggestions for activities. Only 46 CCSSs (45.1%) reported this type of caregiver involvement.* The type of involvement of parents and caregivers appears to differ considerably. Parents were reported as having established the program, including involvement in negotiations with the Ministry; as actively participating on board sub-committees; as being involved in fund raising; as operating services such as a play group or toy library with no or minimal staff involvement; and as providing considerable amounts of volunteer assistance in service delivery. Only three CCSSs reported caregiver involvement in the establishment of the program and caregivers were far less often reported than parents as being active on board sub-committees or involved in fund raising. They do, however, provide volunteer assistance in service delivery. Nevertheless, several CCSSs identified caregivers as using the program but not being involved in planning, development or service delivery even though parents at the same program are. Some respondents noted that caregivers tend to be less involved because they are "too busy" or are nannies and "have no sense of belonging to the community".

In summary, the majority of CCSSs appear to be focusing on parent support rather than enhancement of the informal child care system. Although a quarter of the CCSSs state a goal related to service for caregivers, few have actually developed services specifically for them. In fact there appears to be a tendency to perceive parents and caregivers as having the same needs. This may be the result of the fact that caregivers are often also the parents of young children. However, this view ignores the reality of differing responsibilities and liabilities associated with the two roles. Although the programs are providing parent support, few appear to be assisting parents to become informed consumers of child care services.

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* Several respondents indicated that parents and caregivers are involved in these activities in a similar fashion. This comment was most frequently made in regard to service delivery. It is possible that there is more caregiver involvement than indicated if some programs perceive caregivers who are also parents as being parents.

Provision of services to high risk clients

Questionnaire responses indicated that 34 CCSSs (33.3%) target high risk populations for some or all of their services. The type of population is illustrated by Table 7. An additional five CCSSs did not identify a high risk group as a target population but did note that they were located in areas with high unemployment or large immigrant groups. While they apparently do not target specific groups, the nature of their community is such that they will have high risk clients.

Many of the 34 programs targeting high risk groups are in or near Metropolitan Toronto. However, there are some programs targeting high risk clients in all four MCSS regions.

The services being provided by the 34 programs include:

- a clothing exchange for low income families (15 programs);
- informal counselling and supportive listening for individuals (14 programs);
- support groups for single parents (7 programs);
- a women's support group (5 programs); and
- a food bank (4 programs).

Table 7

TARGET POPULATION IDENTIFIED BY 34 CCSSs FOR SOME OR ALL OF THEIR SERVICES

Target population	No. of centres targeting this population
• single parents	30
• impoverished and/or welfare parents under stress	14
• teen-age mothers	14
• isolated rural mothers	11
• isolated immigrants	5
• high risk referrals from the CAS	4
• isolated urban mothers	2
• battered women	2

Note: Some centres may target more than one of the above populations.

Some of these services are similar to those that might be provided by a prevention program.

Summary

The purpose of the Child Care Incentive, under which most CCSSs obtain the majority of their funding, is to stimulate services which will enhance the quality of informal child care. The reality is that the majority of CCSSs focus on parent support and this does not include assisting parents to become informed consumers of informal child care. Caregivers use CCSSs but many programs do not perceive them as having different needs from parents. Therefore, while support is provided to caregivers through the availability of services such as drop-ins and toy libraries, few CCSSs attempt to specifically address exclusive caregiver concerns, such as the relationship between a caregiver and a parent. As a result, the potential of CCSSs to enhance the informal child care system is not fully realized.

CHAPTER VI - GENERAL DESCRIPTION

Table 8 demonstrates the number of monitoring forms from each region analyzed in this survey.

Table 8

NUMBER OF CCRC MONITORING FORMS ANALYZED FROM EACH MCSS REGION

Region	Total No. of CCRCs	CCRCs in start-up	CCRCs not responding	Forms analyzed	Response rate
Central	40	2	1	37	97.4%
East	20	1	4	15	78.9%
West	30	3	3	24	88.9%
North	19	2	1	16	94.1%
Total	109	8	9	92	91.1%

Table 9

NUMBER OF CCSS QUESTIONNAIRES ANALYZED FROM EACH MCSS REGION

Region	Total No. of CCSS sponsors	Sponsors not responding	Questionnaires analyzed	Response rate
Central	38	4	34	89.5%
East	23	0	23	100.0%
West	29	0	29	100.0%
North	19	3	16	84.2%
Total	109	7	102	93.6%

Type of community served

The CCRC monitoring forms indicated that these programs cannot be simply classified as rural or urban. Many are physically located in urban communities but provide a high proportion of their services to the surrounding rural areas. Therefore, the Project Working Group decided to adopt a community classification system based on centre catchment, not centre location, as follows:

- large urban - a centre located in and serving an urban community with a population over 30,000;
- large urban and rural area - a centre serving an urban area with a population over 30,000 and its surrounding rural areas;
- small urban and rural area - a centre serving an urban area with a population between 5,000 and 29,999 and its surrounding rural areas; and
- rural - a centre serving a settlement of less than 5,000 people or in a township containing no settlements of this size.

The population data were based on 1981 Canadian census data as reported in Table 2, "Census subdivisions in alphabetical order, showing population rank, Canada" in Census Subdivisions in Decreasing Population Order, Statistics Canada, Catalogue E-185.

Table 10

RESPONDENT CCRCs BY MCSS REGION AND COMMUNITY CATEGORY TYPE

Region	Large urban	Large urban and rural area	Small urban and rural area	Rural
Central	27	4	5	1
East	6	4	3	2
West	4	4	8	8
North	1	5	2	8
Total	38	17	18	19

The questionnaire responses indicated that:

- three of the Prevention Projects* and one of the Child Care Network Projects could be classified as "large urban"; and
- the second Child Care Network could be classified as "rural".

The above data shows that in Central region, as would be expected, most programs are classified as "large urban". However, this is not the case in the other regions. As a group, 58.7% of the CCRCs for which monitoring form data were available serve rural communities.

Operating characteristics

The Child Care Resource Centre monitoring forms indicated that the overall average number of months that programs are open is 11.7. Basically this means that most CCRCs operate 12 months a year, but a small number are closed during the summer. Programs are open an average of 4.7 days a week. In practice this means that most are open four or five days a week but not for a full working day, i.e. 9:00am to 5:00pm. The average number of full-time staff is 1.1 and that of part-time staff is 1.5 for all CCRCs as a group. Rural and Northern centres appear to operate on lower staffing levels than do those in other community category types. The percent of CCRCs that use volunteers is uniformly around 80%, although it is slightly lower in North region.

Table 11, on the following page, illustrates the operating characteristics for the CCRCs. This information is from the monitoring forms. The cells in the table contain two numbers. The top number is an average (arithmetic mean) of the relevant variable or, where indicated, a percent. The lower number is the number of CCRCs that the average or percent is based on. It varies depending on the number of programs responding to the question. The same information is not available for the Child Care Network Projects or the Prevention Projects.

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* One of the four Prevention Projects which were originally to be included in this survey did not return its questionnaire.

Table 11

OPERATING CHARACTERISTICS OF CCRCS BY MCSS REGION AND BY COMMUNITY CATEGORY TYPE

	1 Months Open	2 Days/ Week	3 Full-Time	4 F.T. Staff	5 P.T. Staff	6 Use of Volun.	7 No. of Volun.
All Centres	11.7	4.7	43.4%	1.1	1.5	82.4%	12.3
n=	89	91	83	88	88	91	61
Central	11.8	4.7	30.0%	1.3	1.9	83.3%	15.2
n=	36	36	30	34	34	36	24
East	11.4	4.9	50.0%	1.1	1.6	86.7%	9.5
n=	15	15	14	15	15	15	11
West	11.7	4.4	56.5%	1.2	0.9	83.3%	10.6
n=	22	24	23	24	24	24	14
North	11.9	4.8	43.8%	0.7	1.1	75.0%	11.3
n=	16	16	16	15	15	16	12
Lg. Urban	11.6	4.8	36.4%	1.5	1.5	78.9%	10.4
n=	36	38	33	36	36	38	22
Lg. Urban &	11.8	4.6	56.3%	1.3	1.5	88.2%	16.9
Rural n=	17	17	16	16	16	17	14
Sm. Urban &	11.9	4.4	33.3%	0.0	1.7	82.4%	13.3
Rural n=	17	17	15	17	17	17	13
Rural	11.9	4.6	52.6%	0.7	1.2	84.2%	9.6
n=	19	19	19	19	19	19	12

Columns:
1. Average number of months open per year
2. Average number of days open per week
3. Percent of centres open full-time, i.e. 9:00am - 5:00pm
4. Average number of full-time staff per centre
5. Average number of part-time staff per centre
6. Percent of centres using volunteers
7. Average number of volunteers in centres using volunteers

Notes: Where the number of CCRCs indicated is less than 92 in the "All Centres" row, data were missing for the factor in question.

Services provided

The information in Table 12, on the following page, was obtained from the CCRC monitoring forms and supplemented by the CCSS questionnaires. It includes information on the five "start-up" centres which had at least one service fully developed three months before the questionnaire was completed,as well as the two Child Care Network Projects and three of the four Prevention Projects. The supplementation of monitoring form data by questionnaire data was done to make this table as complete as possible. As a result, it represents information on 102 of the 115 CCSSs (88.7%). The top number in each cell is the actual number of programs offering the service. The lower number is the percent of programs in the grouping that offer the service. For example, 14 programs in Central region operate a registry, which is 33.3% of the 42 Central region programs for which information is provided in this table.

The most frequently offered service overall is workshops (64.7%), followed by play groups with parent or caregiver present (56.9%), toy libraries (54.9%) and discussion groups (54.0%) (see Appendix B for definitions). The ranking of activities is fairly similar between the grouping "All Centres" and all regions, except the West region, in regard to workshops. The East shows a much greater percentage of play groups with parent or caregiver present than other regions, while North region shows the highest percentage of toy libraries but the lowest percentage of discussion groups. Whether these differences reflect differences in MCSS regional staff encouragement of the development of these services is unknown. There are also some differences depending on the type of community served. Programs serving rural areas seem more likely to have toy libraries, but less likely to provide play groups with parent or caregiver present or discussion groups, than CCSSs serving purely urban communities. Workshops appear most likely to be provided by programs serving a large urban city and its surrounding rural communities.

Table 12

CCSS SERVICES PROVIDED BY MCSS REGION AND BY COMMUNITY CATEGORY TYPE

	1 REGIS-TRY	2 TOY LIB.	3 RELIEF	4 SCREEN.	5 DISC. GROUP	6 MEET.	7 HOME VISITS	8 PLAY G. WITH	9 PLAY G. W/OUT	10 WORK-SHOPS	11 OTHER DIRECT
All Centres n=	33 32.4%	56 54.9%	31 30.4%	22 21.6%	55 54.0%	32 31.4%	40 39.2%	58 56.9%	39 38.2%	66 64.7%	69 67.6%
Central n=	14 33.3%	19 45.2%	15 35.7%	11 26.2%	26 61.9%	14 33.3%	20 47.6%	24 57.1%	20 47.6%	30 71.4%	29 69.0%
East n=	7 43.8%	8 50.0%	3 18.8%	2 12.5%	9 56.3%	7 43.8%	4 25.0%	12 75.0%	5 31.3%	12 75.0%	13 81.3%
West n=	10 37.0%	17 63.0%	10 37.0%	8 29.6%	14 51.9%	9 33.3%	13 48.1%	14 51.9%	9 33.3%	11 40.7%	17 63.0%
North n=	2 11.8%	12 70.6%	3 17.6%	1 5.9%	6 35.3%	2 11.8%	3 17.6%	8 47.1%	5 29.4%	13 76.5%	10 58.8%
Lg. Urb.n=	16 38.1%	19 45.2%	17 40.5%	13 31.0%	26 61.9%	15 35.7%	23 54.8%	27 64.3%	21 50.0%	29 69.0%	35 83.3%
Lg. Urb.n= & Rural	4 23.5%	9 52.9%	3 17.6%	2 11.8%	9 52.9%	9 52.9%	4 23.5%	9 52.9%	6 35.3%	14 82.4%	8 47.1%
Sm. Urb.n= & Rural	4 22.2%	11 61.1%	3 16.7%	2 11.1%	8 44.4%	2 11.1%	3 16.7%	9 50.0%	5 27.8%	8 44.4%	6 33.3%
Rural n=	9 36.0%	17 68.0%	8 32.0%	5 20.0%	12 48.0%	6 24.0%	10 40.0%	13 52.0%	7 28.0%	15 60.0%	20 80.0%

Columns:

1. Child care registry
2. Toy library
3. Relief service
4. Identification and screening of children
5. Discussion groups
6. Meetings
7. Home visits
8. Play group with care giver
9. Play group without care giver
10. Workshops
11. Other direct service

Sponsorship

According to the questionnaire, only 48 CCSSs (47.1%) have their own board. Others operate under an umbrella organization such as another agency or a municipality. Fifty-one CCSSs (50.0%) have an advisory committee in addition to the operating board. Where there is an advisory committee, it is often in an effort to make the program more responsive to the needs of the users and users constitute a high percentage of committee membership. The main role of advisory committees appears to be that of an advocate for the program with the board of the sponsoring agency. In several areas respondents in a CCSS reporting to a municipality or another agency, and lacking an advisory committee, reported the need for one to increase their program's visibility within the agency.

In most cases (76.6%) sponsorship has remained unchanged over time except for those situations where the program incorporated and formed its own board. In these situations the original sponsor assumed the role to get the program started but generally with the expectation that this would be a temporary arrangement. Table 11, on the following page, illustrates the functions undertaken by the sponsor during the program's initial stages versus its current functions. The actual functions have changed little over time. What apparently does change is the intensity of the relationship. It can grow stronger as the sponsor learns more about the program and develops a greater feeling of investment in it or more distant as the program gains experience and the ability to function independently. Only 28% of the CCSSs expressed a wish to change the board's role. Generally the wish was for more involvement.

The average size of a board is 10.5 persons. Board composition is generally a mixture of concerned citizens, representatives from other agencies, users and, where applicable, the sponsoring agency. Boards generally have 10 meetings a year. Board composition was reported as having changed in 70 out of the 99 programs supplying this information. In most cases this had been either to make the board more representative of the community being served or to add people who would help with the actual work of the program. Where changes in composition were currently desired (34.3% of the respondents) it was to better represent the program's users. Respondents emphasized the importance of boards representing the interests of the people and community served. Some CCSSs find user membership on the board to be the most effective mechanism for this. Others believe an advisory committee with user representation can effectively influence the board and permit the program to reap the advantages of being connected to a larger agency, e.g. negotiation with the Ministry or the provision of space or administrative assistance.

Table 13

NUMBERS OF CCSSs REPORTING VARIOUS SPONSOR FUNCTIONS

Function	During Initial Stages	In Current Situation
• policy and program development	77	74
• provision of advice	54	51
• fund raising	45	44
• hiring staff	16	12
• publicity	6	6
• provision of accommodation	6	6
• staff supervision	5	7
• negotiation with MCSS	1	1
• other	5	6

Note: The above table includes up to three functions per program.

The questions regarding board structure puzzled many respondents, and they needed assistance to complete this part of the questionnaire. It appears that some CCSSs have boards with a fairly sophisticated sub-committee structure, generally task-based, while others, with a three-or-four person board, do not. Only 30% of the respondents reported changes to the board structure, and only 22.4% wanted to change the structure. Where change was desired, it was to facilitate the performance of certain duties related to the program's activities.

Resources

There is a considerable variation in the resource base of CCSSs, both in terms of available funding and availability of "in kind" resources. According to the 109 questionnaires returned, the average annual operating cost of a CCSS is $56,527, with a range from $8,700 to $325,368 and a median of $40,600.

Table 14, on the following page, illustrates the sources of funding for the CCRCs. This table does not include the three Prevention Projects or the two Child Care Network Projects since the information comes from the monitoring forms and was not requested on the questionnaire. It should be noted that only 43 CCRCs provided this information.

Table 14 illustrates that, for the 43 centres which responded, the majority of funding comes from the Ministry's Child Care Incentive. Central region's CCRCs appear to rely less on Child Care Incentive funding than programs in other regions and to receive more municipal funding.

According to the questionnaires, 66% of the CCSSs receive some "in kind" resources. The number of programs receiving different types of assistance is as follows:

- rent-free or subsidized space - 51
- equipment - 32
- clerical assistance - 21
- administration assistance - 19
- other forms - 14.

Table 14

SOURCES OF FUNDING FOR THE CCRCS BY REGION AND COMMUNITY CATEGORY TYPE

	1 N	2 CCI/ FUND.	3 FED./ FUND.	4 MUNIC./ FUND.	5 PROV./ FUND.	6 DONAT./ FUND.	7 F.RAI./ FUND.	8 FEES/ FUND.	9 RENT/ FUND.	10 OTHER/ FUND.
All Centres	43	72.1%	3.8%	5.8%	5.7%	2.5%	3.5%	3.3%	0.1%	3.2%
Central	18	61.9%	3.4%	13.8%	7.0%	1.8%	1.7%	4.3%	0.1%	6.0%
East	7	72.0%	3.1%	0.0%	15.9%	3.4%	2.2%	2.9%	0.2%	0.3%
West	9	80.1%	8.9%	0.0%	0.9%	0.0%	5.6%	3.4%	0.0%	1.2%
North	9	84.7%	0.0%	0.2%	0.0%	5.5%	6.1%	1.4%	0.3%	1.7%
Lg. Urban	19	63.8%	5.0%	12.8%	11.6%	1.1%	1.1%	1.0%	0.0%	3.6%
Lg. Urban & Rural	10	70.8%	4.7%	0.4%	1.6%	3.1%	6.3%	8.1%	0.5%	4.4%
Sm. Urban & Rural	3	72.2%	0.0%	0.0%	0.0%	4.4%	5.2%	12.3%	0.0%	5.9%
Rural	11	87.7%	2.0%	0.2%	0.7%	3.7%	4.9%	0.3%	0.0%	0.5%

Columns:

1. Number of centres reporting
2. Child Care Incentive funding as a percent of funding
3. Federal funding as a percent of funding
4. Municipal funding as a percent of funding
5. Other provincial funding as a percent of funding
6. Private donations as a percent of funding
7. Fund raising revenue as a percent of funding
8. Fee revenue as a percent of funding
9. Rental income as a percent of funding
10. Other revenue as a percent of funding

Note: The percent of each CCRC's revenue in each category was calculated and these percents were then averaged.

The primary sources of in-kind resources are:

- the sponsor - 53 programs
- the municipality - 28 programs
- another social agency - 19 programs
- a school or day care centre - 17 programs
- other - 18 programs

Obviously the CCSSs, as a group, are receiving considerable assistance through in-kind resources. For example, rent-free space is a significant saving. However, respondents reported that it is not always suitable for the program's needs and, if physically or psychologically inaccessible, may actually be a handicap. The majority of CCSSs feel under-funded.

The CCRC monitoring forms indicated that these centres have an average of 1.1 full-time staff and 1.5 part-time workers. The questionnaires confirmed that CCSSs usually have a small number of paid staff people. Three are operated solely by volunteers, 33 (32.3%) have the equivalent of one staff person and 32 (31.4%) have the equivalent of two full-time paid workers. The above figures include clerical staff.

Use of financial resources

As illustrated by Table 15, on the following page, the largest item of expenditures for the 71 CCRCs which provided information is staff salaries and benefits. The second largest item relates to program costs such as toys, supplies and equipment. Central region programs appear to spend a higher percentage of their funds on salaries and benefits and a lower percentage on program supplies and equipment than CCRCs in other regions. The same pattern occurs in programs serving large urban cities in comparison to those serving the other three community categories.

Table 15

CCRC EXPENDITURES AS A PERCENT OF TOTAL ACTUAL SPENDING BY REGION AND BY COMMUNITY CATEGORY TYPE

	1 N	2 SALARY & BEN.	3 STAFF TRAIN.	4 STAFF TRAV.	5 OCCU-PANCY	6 PRO-GRAM	7 PUR-CHASE	8 OTHER	9 FUND DRIVE	10 BANK CHARGE
All Centres	71	63.6%	0.6%	1.4%	11.0%	19.2%	2.3%	1.6%	0.2%	0.1%
Central	25	67.3%	0.4%	0.8%	10.3%	14.0%	3.5%	3.2%	0.2%	0.2%
East	12	63.4%	0.8%	1.1%	13.2%	19.3%	1.6%	0.6%	0.0%	0.1%
West	19	61.4%	0.8%	2.4%	7.6%	24.8%	1.8%	0.7%	0.6%	0.0%
North	15	60.3%	0.7%	1.4%	14.6%	20.9%	1.4%	0.7%	0.0%	0.0%
Lg. Urban	26	73.9%	0.5%	1.2%	6.5%	13.6%	2.5%	1.8%	0.1%	0.1%
Lg. Urban & Rural	15	59.4%	0.4%	1.2%	10.9%	23.3%	4.0%	0.4%	0.3%	0.2%
Sm. Urban Rural	15	55.9%	1.0%	1.0%	16.3%	19.7%	1.9%	3.5%	0.7%	0.1%
Rural	15	57.6%	0.8%	2.6%	13.6%	24.6%	0.5%	0.3%	0.0%	0.0%

Columns:

1. Number of centres supplying data
2. Salaries and benefits
3. Staff training
4. Staff travel
5. Occupancy costs
6. Program costs
7. Purchased services
8. Other
9. Fund raising
10. Bank charges

Notes: This table pertains to expenditures for only those centres which reported actual annual (or prorated actual) spending. That is, 71 out of the 92 centres whose monitoring forms were used for the study.

The percent of each centre's expenditure in each cost centre was calculated and then these percents were averaged.

CHAPTER VII - HISTORY

Introduction

The information in this chapter comes from the questionnaires completed by the CCRCs, the three Prevention Projects and the two Child Care Network Projects supplemented by telephone interviews.

Impetus to start the program

Fifty-one percent of the respondents indicated that the impetus to start their program came from a representative of another agency, while 37.0% reported the impetus as being a parent or a parents' group. Some or all of the originators of the program are still involved in 88 situations. These reports suggest a strong community base and ongoing originator commitment.

Only 25 respondents indicated that the development of their program was influenced by a direct Ministry request, although 62 reported it had been influenced by the Ministry's stated priorities. Direct Ministry requests tended to have been made when the budget was being negotiated and to have involved suggesting that a specific service be added. The above findings indicate that most of the programs developed in response to community demand rather than "top down" as a result of Ministry influence.

Influence of existing services

Many communities had a good range of what might be considered "basic" programs for toddlers and preschoolers at the time of the CCSS's development. For example, 62 communities had formal child care for toddlers, and 76 had formal child care for preschoolers. Junior kindergarten was available in 68 communities, and 89 communities had senior kindergarten.

Services for infants were available in 50% of the communities. These data suggest that CCSSs do not substitute for the formal child care system but co-exist with it. Generally, services similar to those provided by the CCSSs were not already available. Only 28 communities (27.5%) had an existing drop-in centre, while 18 had a caregiver registry and 13 a Family Resource Centre.

Sixty-eight programs, out of 100, reported that their development was influenced by a consideration of existing services in the community. The general pattern appeared to be identification of a gap followed by a move to fill it. For example, there might be no toy library or a preschool play group might exist but only accept children over two. Volume seemed to be a major factor. The demand for popular services, such as drop-ins, can apparently easily outstrip supply. The following table shows the factors related to existing services reported as influencing the CCSS's decision to provide certain services.

Table 16

FACTORS RELATED TO OTHER EXISTING SERVICES INFLUENCING CCSS SERVICE DEVELOPMENT

Factor	No. of programs reporting this factor
• availability (e.g. hours, age group)	37
• accessibility of existing services	30
• quality of existing services	28
• affordability of existing services	22

Note: Some programs reported more than one factor.

Thirty-one respondents reported that representatives from other agencies were significantly involved in the original planning for their program. Only nine respondents indicated that the decision to develop their program was based on funding availability, or Ministry encouragement, with no consideration of the services already in place in the community.

Thirty-eight programs (37.3%) reported that there had been major changes in other community services since the development of their program. Generally these were the expansion of formal child care or the establishment of junior kindergarten. System changes only resulted in change in the CCSS in five cases. Two CCSSs started a new service in response to the same service having been discontinued by another agency. One discontinued providing information on child care when a caregiver registry was developed by someone else in the community. The other two switched their focus to a specific high risk target group. A couple of respondents noted that increased availability of toddler and preschool child care or junior kindergarten does not reduce the need for parent support, especially for mothers of infants. While change in the services provided by the CCSS may not occur as a result of system change, there were a few reports of change in the pattern of useage in the program. Most frequently this involved an increase in the number of children attending a play group on a half-day basis. This change was attributed to the development of junior kindergarten.

Start-up activities

The programs were asked on the questionnaire to fill out a table that would indicate, for each service: the activities undertaken in its development stage, e.g. need assessment and publicity; the method used for each activity; the estimated number of person days; and the estimated cost. Seventy-nine programs attempted to provide this information. Of these, the vast majority were unable to estimate either the time or cost because the respondent had not been involved and/or the activities had been done by volunteers who did not keep track of the amount of time used.

Table 17 illustrates the types of start-up activities reported. Since there appeared to be little difference in activities as a result of the type of service or services initially developed, the table is not divided on the basis of service. The methods for each activity are listed on the basis of frequency with which they were mentioned. Therefore, the first method listed is the method most frequently reported for that activity while the last is the method least frequently mentioned.

Table 17

START-UP ACTIVITIES IN CCSSs

Activities Undertaken	Methods
• need assessment	- survey to determine if other agencies were providing the service - interviews with key informants, e.g. representatives from other agencies - parent questionnaire conducted through the local newspaper, the school system or local churches
• board recruitment	- direct approach to key people - article in local newspaper requesting board members
• development of linkages with other agencies	- personal contact to explain the new program - attendance at an inter-agency meeting to explain the new program - mail-out of descriptive brochure to all local agencies - open house
• publicity	- free radio, local T.V. and/or local newspaper public service announcement - flyers and brochures in public places, e.g. shopping malls - posters - newspaper advertisements - open house - letters to all schools, physicians, public health nurses and day nurseries
• staff training	- visit to existing programs which provide the service - written materials from the Canadian Association of Toy Libraries - attendance at a workshop or conference - consultation from another agency or, in two situations, a university

From the information provided, it appears that the overall cost of developmental work is heavily dependent on whether a need assessment uses a parent questionnaire and the extent to which the program can obtain free publicity through public service announcements. Parent questionnaires involve development, printing and analysis costs and require more time than simply telephoning other agencies to determine if they provide a certain service. Most costs seemed to have been incurred with respect to flyers, posters and brochures. Estimates of cost for publicity ranged from $40 to $450, presumably dependent on volume.

Only five programs reported using a parent questionnaire and costs associated with staff training were usually only for travel or fees to attend a conference. Over half the respondents indicated that there had been no staff training. Visits to other programs generally had taken place in connection with the development of a toy library. The cost depended on the distance travelled.

Order of service development

Respondents were also asked to list the order in which their services were developed and the reasons for choosing that order. Analysis of the data did not show any definite pattern, for example, that drop-ins always precede toy libraries. However, as illustrated by Table 18, on the following page, play groups and drop-ins are much more likely to be one of the first services developed by a program than are discussion groups or home visits.

The reported reason for choosing a particular order of development confirmed need as the key variable. Seventy-five programs (74.2%) reported that their initial services were developed in response to a need identified by existing agencies, for example, public health nurses, the CAS or the school system. Parent or community demand was cited by 10.9% of the respondents. Other reasons were funding availability, Ministry suggestion or the perception that a particular service, such as a toy library or drop-in, would be a drawing card. Services developed later in a program's history were much more likely to be in response to user requests. The type of user request appeared to vary. Parents attending a drop-in service in one community may wish to learn about parenting in a more structured way and request workshops, while those in another drop-in may seek a toy library. This variation may reflect different target groups or differences in the availability of other services from one community to another.

Table 18

ORDER OF SERVICE DEVELOPMENT IN CCSSs

	Percentage of programs where this service was among the first three developed	Number of programs currently providing the service
• play group or drop-in with parent or caregiver present	61.0%	77
• caregiver registry	58.1%	31
• toy library	56.6%	60
• play group or drop-in with neither parent nor caregiver present	44.0%	25
• discussion groups or workshops	37.7%	90
• home visits	35.0%	20
• information re: other	28.2%	32
• information re: child care	25.0%	36

The Ministry's role

Ministry priorities were reported as influencing the development of 62 programs. However, only 25 respondents indicated that their program, or some of its services, resulted from a direct Ministry request. In most cases this request involved individual services and was made at the time that the budget was being negotiated. Fifty-one programs reported that they had received guidance from Ministry staff during their development stage. The most common forms were guidance in completing the program proposal or information about similar services already in operation.

Table 19 indicates the extent to which Ministry personnel were identified as having been helpful to the program during its initial development.

Table 19

CCSSs' PERCEPTION OF THE HELPFULNESS OF MINISTRY PERSONNEL

Rating	No. of Programs	Percent
• very helpful	41	41.4%
• helpful	31	31.3%
• somewhat helpful	20	20.2%
• not helpful	6	6.1%
• other	1	1.0%
	99	100%

Note: Three respondents did not respond to this question.

Some local patterns were apparent in the responses. Geographic areas served by certain area offices rated Ministry helpfulness very highly, presumably to the credit of a particular ECE consultant or program supervisor. Concern was expressed in all parts of the Province that:

- there are inconsistencies in the guidance given by different area office staff, even within the same area office; and

- Ministry staff appear to concentrate on funding and administrative issues, while the programs are looking for assistance with service delivery and day-to-day operating questions.

Where Ministry staff had provided consultation in service development or moral support, this contribution had been valued by the CCSS. However, 69.4% of the programs would have liked more assistance from the Ministry, particularly in the areas of consultation regarding service design and link-ups with existing programs providing similar services. The need for programs to learn from one another's experience was frequently expressed and respondents feel that assisting programs to do this should be part of the Ministry's role.

CHAPTER VIII - SERVICE PROVISION

Overview

Table 20 illustrates the number of CCSSs providing various types of services. This information was taken from the questionnaires and therefore includes the three Prevention Projects and the two Child Care Network Projects. See Appendix B for the service definitions used in the questionnaire.

Table 20

SERVICES PROVIDED BY CCSSs

Service	No. providing service	% of respondents (respondents = 102)
• discussion groups/ workshops	90	88.3%
• play group/drop-in with parent or caregiver	77	75.5%
• toy library	60	58.8%
• community linkage and outreach	38	37.3%
• information re: child care	36	35.3%
• information re: other	32	31.4%
• registry	31	30.4%
• play group/drop-in with neither parent nor caregiver	25	24.5%
• book library	22	21.6%
• parent relief	21	20.6%
• home visits	20	19.6%
• food/clothing depot	17	16.7%
• children's warmline	4	3.9%
• play group/drop-in with only caregiver	3	2.9%
• other direct services	36	35.3%

As illustrated by the above table, the most commonly provided services are: discussion groups and workshops; play groups and drop-ins with parent or caregiver present; toy libraries; and information on child care, whether through a formal child caregiver's registry or not. Other direct services include a wide variety of activities such as: screening children; individual or family counselling; mutual support groups for single parents, teen mothers or caregivers; equipment rental; summer day camps; and training workshops for caregivers.

The most frequently cited reason for starting a service was "need". Generally initial services were begun in response to needs perceived by staff from existing agencies. Later services were often reported to have developed in response to user request. The community characteristic most frequently cited as the reason for starting a particular service was "many young families". The exceptions to this general observation were: toy libraries; outreach; parent relief; food/ clothing depots; and home visits. The characteristic most frequently reported in association with the first four of these services was "many low income families", while "many lone parents" was cited in regard to home visits.

Specific information: Monitoring Forms

The information on specific services in this section was taken from the monitoring forms and therefore pertains solely to CCRCs comparable information was not available for:

- community linkage and outreach;
- information related to child care or other services; and
- book library; food/clothing depot; children's warmline; or other direct services except screening.

In most cases information was provided on the monitoring form for a twelve-month period. Where the time span being reported on was clearly six months the service volume figures were doubled. There is no way of knowing if the information provided was actuals or estimates.

In this section an average is really an average of the averages provided by the CCRCs and a total is really an average of the totals provided by the CCRCs.

a) DISCUSSION GROUPS

Number of centres offering:	53
Average attendance:	11.2
Percent providing some child care:	88.2

Analysis of reported topics:*

Related to informal caregiver support	N	% of subtotal	% of total
- information & resources for caregivers	92	80.7%	42.6%
- mutual support for caregivers	5	4.4%	2.3%
- information for parents	17	14.9%	7.9%
- subtotal of topics	114	100.0%	52.8%
Not related to informal caregiver support			
- "parenthood-oriented", e.g. contraception	28	27.5%	13.0%
- crafts and cooking	8	7.8%	3.7%
- other	66	64.7%	30.6%
- subtotal of topics	102	100.0%	47.3%

Total number of topics reported:	216
Average staff hours weekly:	8.6

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* Centres were asked to report on the topic for the last five meetings or workshops only.

b) WORKSHOPS

Number of centres offering: 63

Average attendance: 15.0
Percent providing some child care: 78.3

Analysis of reported topics:*

Related to caregiver support	N	% of subtotal	% of total
- information & resources for caregivers	109	83.8%	43.6%
- mutual support for caregivers	5	3.9%	2.0%
- information for parents	16	12.3%	6.4%
- subtotal of topics	130	100.0%	52.0%
Not related to caregiver support			
- "parenthood oriented"	23	19.2%	9.2%
- craft - cooking	24	20.0%	9.6%
- other	73	60.8%	29.2%
- subtotal of topics	120	100.0%	48.0%

Total number of topics reported: 250
Average staff hours weekly: 4.1

While some discussion groups and workshops are not directly related to caregiver support, they may act as drawing cards to interest potential users in the CCRC's other services.

c) PLAYGROUPS

Number of centres offering playgroups for children with parent/caregiver: 54

Average number of sessions per week: 4.4
Average attendance:

parent/caregiver: 9.9
children: 15.0
staff: 1.7
volunteers: 1.7

Average staff hours weekly: 20.0

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* Centres were asked to report on the topic for the last five meetings or workshops only.

Number of centres offering playgroups for children without parent/ caregiver:	38
Average number of sessions per week:	3.3
Average attendance:	
children:	13.9
staff:	2.1
volunteers:	2.3
Average staff hours weekly:	17.4

d) TOY LENDING LIBRARIES*

Number of centres offering:	48
Average number of individual memberships:	100.5
Average number of group memberships:	5.7
Average number of members with	
1-3 visits:	25.0
4-6 visits:	16.1
7-12 visits:	14.2
13-20 visits:	15.2
21-30 visits:	16.2
31-40 visits:	4.0
41-50 visits:	3.0
50+ visits:	2.4
Number of mobile libraries:	7
Average number of towns served:	7.9
Average radius (km):	76.4
Average staff hours weekly:	15.7

e) CAREGIVER REGISTRIES**

Number of centres offering:	32
Average number of caregivers listed:	29
Average number of parents listed because they are seeking care:	23
Average number of formal caregivers listed:	20
Average number of nursery schools listed:	22
Average number of referrals by type of caregiver:	

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* Figures pertain to a twelve-month period.

** Centres were asked to indicate how many people in the different groups were listed. This is presumably at one point in time.

- centre-based (excludes PHDC): 25
- PHDC: 23
- informal caregiver providing care outside the child's home: 28
- informal caregiver providing care in the child's home: 26
- nursery school: 24
- other referral for child care: 24

Average staff hours weekly: 13.3

f) RELIEF SERVICES*

Number of centres offering: 29

Average number of children cared for:

- at program in emergency: 21.4
- at program in non-emergency: 125.2
- crisis at home: 4.2
- at home crisis relief sickness: 0.7
- other situations 50.4

g) HOME VISITS*

Number of centres offering: 38

Analysis of reasons for visits (number of mentions):

- introduce staff: 18
- parent counselling: 12
- parent skill training: 4
- crisis: 8
- other issues in mandate: 36
- issues outside mandate: 4

Average staff hours weekly: 7.0

h) EARLY IDENTIFICATION AND SCREENING**

Number of centres offering: 22

Average number of assessments by program staff: 8.5
Average number of referrals to other agencies: 3.7
Average staff hours weekly: 2.3

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* The time frame here was presumably twelve months.

** Centres were not asked to identify what type of early identification and screening they could do or arrange to have done.

As noted above, the services most frequently offered by CCRCs are:

- workshops - 63 centres;
- play groups with parent or caregiver present - 54 centres; and
- discussion groups - 53 centres.

Centre staff spend an average of 4.1 hours per week on workshops and 8.6 hours per week on discussion groups. About half the topics covered in both the workshops and the discussion groups do not relate to enhancement of the informal child care system or assisting parents to become informed consumers. However, they are clearly parent/caregiver oriented and may act as drawing cards to interest potential users in the CCRC's other services.

An average of 20.0 hours per week is spent on the provision of play groups with parents or caregivers present. The average attendance is 9.9 parents/caregivers and 15.0 children.

Caregiver registries

The literature suggests that parents have a major need for assistance in finding informal caregivers (Bradbard & Endsley, 1980; Calzavara, 1983; Johnson, 1977; Lero, 1981; Pelletier, 1983; Stevens, 1984). Some U.S. states, for example, California and Massachusetts, have a legislatively mandated network of caregiver registries to ensure that this service is available in all parts of the state. However, as noted by Siegal & Lawrence (1982b), caregiver registries face potential liability in regard to: parents and children; providers; and their own staff (see the earlier discussion on this issue, pages 48 to 51 of this report). Because of the importance and sensitivity of caregiver registries, the monitoring forms, questionnaires and follow-up telephone calls tried to obtain additional information about their operation in Ontario.

According to the questionnaires, registries are operated by 30.4% of the CCSSs. In addition, other CCSSs provide information regarding child care although they do not operate a formal registry. The monitoring forms indicated that the highest percentage of CCRCs with a registry is in East region (46.7%) and the lowest percentage is in North region (12.5%). Programs serving purely rural areas or large urban cities are more likely to offer this service than those serving other types of communities.

The issue of legal liability in regard to registries concerns many programs. Twenty-five CCRCs reported on the monitoring forms that they had received parental complaints. The average number of complaints was 1.4. The most frequent type of complaint pertained to the service provided by a caregiver whose name had been obtained from the registry. Eighty-one percent of all programs have liability insurance. Most of those operating a registry also use disclaimers. However, centres are concerned that:

- the cost of insurance is very high*; and
- disclaimers might not hold up in court if the program was involved in a lawsuit.

Some respondents expressed a feeling of obligation to screen caregivers, but at the same time were concerned that this practice increased the program's liability. Screening may in fact increase a registry's liability because it could be interpreted by a court as putting the service in a "special relationship" with the caregiver (Siegel & Lawrence, 1982b). Other respondents reported deliberately not screening caregivers and trying to ensure that parents understood that no screening had occurred and that provision of a name constitutes a link-up, not a recommendation. Program staff feel that it is the Ministry's responsibility to address the insurance concern. They would also like to have clear guidelines on wording disclaimers and whether or not to screen caregivers.

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* In one community a respondent had contacted a number of local insurance firms and was trying to negotiate a group rate for her program and others in the area. This might be considered in other communities.

Community linkages

According to the questionnaires, 85.3% of the CCSSs have ongoing linkages with other community agencies. The most frequently reported linkage is cross-referrals, followed by resource sharing, e.g. space, clerical services. Eighty-one programs reported referrals from public health nurses; 76 reported referrals from the CAS or Child and Family Service; and 41 reported referrals from a children's mental health service. The frequency of these referrals no doubt varies considerably across programs. Referrals from the CAS or a children's mental health service appear to occur most often in CCSSs serving Central region or large urban cities. These referrals of presumably high risk clients may have staffing implications. For example, such clients probably require more outreach than others and, as discussed in the following chapter, are less likely to provide substantive amounts of volunteer assistance to the program. As other agencies identify the CCSSs as a resource for this type of client, programs may find themselves serving a high risk group without ever having intended to.

There also appear to be significant linkages in board representation. The most frequently cited sources of representation for CCSS boards are the public health unit, the CAS, licensed child care centres and the local school system. The CCSS's staff were most frequently reported as being on the board of a licensed child care centre, a CAS or a children's mental health centre.

Eleven programs reported that they had provided input into the planning of another agency. However, responses to the questionnaire suggest that joint planning with individual other agencies is relatively rare. This may be a function of the programs' size. Joint planning on a one-to-one basis with other agencies is time-consuming, and 66.7% of the programs operate with the equivalent of two full-time persons or less. However, the CCSSs are active in community-wide coordinating groups. Fifty-six programs (54.9%) reported the presence of a coordinating group in their community. Forty-nine of the 56 respondents stated that someone from their program had an ongoing involvement with this group. In 22 situations this is or had been a leadership role, e.g. chairing an inter-agency child care coordinating group or CSAC, chairing sub-committees or organizing inter-agency meetings. This involvement in community-wide planning and coordinating groups suggests that many programs are quite deeply rooted in their community's children's services system.

Evaluation

Only 10% of the CCSSs indicated that they conduct any type of program evaluation. Discussion during the follow-up interviews suggested that the most common method is a user satisfaction questionnaire. Some respondents reported monitoring the number of people attending different activities and/or monitoring the volume of referrals from different referral sources. These are also ways to measure user satisfaction. There appears to be little impact or outcome evaluation taking place. However, it must be noted that an exhaustive computer-assisted literature search on experience in Canada, the United States and Britain, plus interviews with key informants, failed to locate any outcome evaluation reports from other jurisdictions on programs to support the informal child care system.

CHAPTER IX - STAFFING PATTERNS

Qualifications

Staff, and the qualifications they bring, are undoubtedly the most important resource a service has. Staff expertise and commitment were cited more often by respondents as being responsible for a program's success than any other factor. Table 21 illustrates the formal academic qualifications of paid program staff.

Table 21

ACADEMIC QUALIFICATIONS OF PAID STAFF IN CCSSs

Qualification	Senior or sole person N=97*	Others (excludes clerical) N=191
M.A.	12 (12.4%)	1 (0.5%)
B.A. + ECE or CCW	5 (5.2%)	10 (5.3%)
B.A.	24 (24.8%)	21 (10.9%)
ECE	22 (22.7%)	71 (37.2%)
RN	5 (5.2%)	7 (3.7%)
teacher's certificate**	5 (5.2%)	8 (4.2%)
other community college	5 (5.2%)	13 (6.8%)
high school diploma	13 (13.4%)	32 (16.8%)
no information	6 (6.2%)	28 (14.6%)

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* Three programs operate as a collective and no one is designated as the senior person. Two programs operate solely with volunteers.

** Since no degree was stated, the assumption is being made that these people do not have a university degree but became teachers before this academic qualification was necessary.

When asked what qualifications and characteristics they sought in hiring staff, respondents tended to stress life experience and personal attributes rather than academic qualifications. Most frequently mentioned, in order of frequency, were: ECE background; experience as a parent or working in a child care setting; caring; flexibility; and open-mindedness. Parenthood was viewed as providing not only practical experience but also credibility when giving suggestions to parents. The designation of flexibility as a key attribute is understandable in terms of the nature of the programs. Many operate services with minimal structure, such as drop-ins, where attendance and needs vary from day to day. Open-mindedness was viewed as being particularly important in programs serving high risk clients.

Sixty-nine percent of respondents stated that different services require different skills. For example:

- administrative or organizational skills were cited as necessary to operate a toy library;
- relationship skills and warmth were perceived as important in staff running a drop-in program;
- an understanding of group dynamics plus an ECE or parenthood background were viewed as desirable for people leading discussion groups or workshops; and
- an ECE background or experience in a child care centre was perceived as useful for staff operating play groups.

Sixty-nine respondents reported that someone in their program was a member of a professional organization. In 58 situations staff members belong to the Canadian Association of Toy Libraries. This organization was cited by several programs as having been helpful to them in their start-up phase. The second most frequently reported organization in which staff have membership is the Association for Early Childhood Educators, Ontario.

Forty-six respondents reported that staff or volunteers spoke at least one other language. Most frequently the second language was French and, in at least one program, it is the sole language of operation. Ten programs reported someone able to speak Italian and five reported someone able to speak Portuguese. Other languages noted were Greek, East Indian, Chinese and German. Centres reporting that they served a population with a high proportion of recent immigrants generally reported capability in at least one other language.

Use of volunteers

According to the CCRC monitoring forms, the average number of full-time staff is 1.1 and that of part-time staff is 1.5. The CCSS questionnaires confirmed that paid staff levels tend to be low. Thirty-two programs operate with only the equivalent of one full-time person, and 32 have the equivalent of one-and-a-half or two full-time people. Volunteers are therefore very important. Seventy-seven per cent of the CCSSs reported that they use volunteers. The range of volunteers per week is 1 to 30, with a mean of 9.1. Hours were reported to range from 1 per week to full-time,* with the mean being 5.6. A common pattern seems to be the provision of one half-day a week.

Many programs appear to rely quite heavily on parents for volunteer assistance in service delivery. However, the extent and type of assistance varies considerably across the programs. The deciding factor appears to be the type of parent being served. Middle class mothers may provide a significant number of hours per week and undertake activities such as being in sole charge of a toy library or running a play group. Parents in programs serving high risk groups are more likely to provide very short periods of assistance in specific, staff-assigned tasks, such as helping to serve snacks.

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* Two programs operate solely with volunteers.

Fifty-two percent of the programs reported difficulties in using parents as volunteers. Problems included:

- a parental attitude that staff are paid to provide the service and users should not have to assist;
- the frequent change-over of users, resulting in a constant need to reiterate the expectation that parents provide volunteer assistance;
- the difficulty many parents have in maintaining a regular schedule;
- a lack of parental self-confidence in their ability to work with someone else's child; and
- a lack of skills.

Nevertheless, the majority of programs appear to agree with the principle of using volunteers. The challenge is to ensure a manageable, yet enjoyable, role for the volunteer which also meets the program's needs. Several respondents noted that their staffing levels are such that they do not have time to recruit outside volunteers so they must rely on users.

Program staff suggested that the way to involve parents in volunteer activities is to:

- use a personal, individual approach;
- stress the reality of resource limitations and the resultant need for users to provide assistance;
- approach parents on the basis that it is their program and they have a responsibility for it;
- set up an expectation that users volunteer, e.g. ask parents how they are going to assist, not if; and
- provide volunteers with plenty of public positive feedback.

Respondents suggested that the problems associated with using parents as volunteers can be addressed by:

- being aware of the capabilities of the parents using the program and not asking them to do things that are beyond their capabilities;
- beginning with small tasks, which take little time but give the parent a sense of accomplishment;
- working along with the parent, e.g. in a play group, until he or she develops self-confidence;
- discussing problems early and openly; and
- ensuring that workload is distributed evenly.

A smaller number of programs use caregivers in a volunteer capacity than those which use parents in this role. Surprisingly, several respondents reported that no caregivers were involved in service delivery, even though they were using the services and the program had parents who provided volunteer assistance. The two most frequently proposed reasons for caregivers being less involved were that:

- they are too busy; and
- nannies have little commitment to the community or its services.

Some programs have deliberately decided not to use volunteers. The most commonly given reasons were:

- only paid staff can provide continuity and reliable programming, given frequent turnover among users and parental difficulty in maintaining a regular schedule; and
- the discrepancy between the type of assistance the program is seeking, e.g. someone to wash toys or do clerical work, and the volunteers' wish to work with the children.

Training

According to the CCSS questionnaires, fewer than half the programs provided staff training as part of their service development. Some respondents expressed the opinion that this was unnecessary since only people with an ECE diploma or degree were hired. Fifty-two programs (51.0%) reported that they currently provide only on-the-job training. However, 42 respondents reported that staff attend conferences and workshops. During the telephone follow-up interviews, the importance of the informal learning that takes place at workshops was stressed, as was the value of contact with other programs. Twenty-three programs reported joint staff training with a licensed child care centre, and eight reported this kind of training occurred with a private home day care centre. A number of programs periodically bring in outside resource people to conduct a seminar, e.g. a public health nurse.

The most frequent form of training for volunteers is on-the-job, including attendance at in-house seminars conducted by outside resource people. Only 11 respondents reported that volunteers attend conferences or workshops.

Seventy-eight percent of the respondents stated that they would like to see special training courses developed for people working in CCSSs. However, the majority did not feel it would be desirable to make completion of certain courses a prerequisite for employment. During the interviews a number of respondents stressed the need for flexibility so that programs could be responsive to their individual communities and the importance of personal attributes as opposed to formal credentials.

The majority of people favoured one-day workshops or seminars, although a few suggested evening or correspondence courses. The most frequently identified needed topics were:

- group dynamics (14 respondents);
- child development (13 respondents);
- administration, e.g. board relations, how to get and keep volunteers, fund raising (10 respondents);

- understanding parents (8 respondents); and
- "how to" courses on establishing and operating a specific service, such as a toy library (6 respondents).

"How to" courses should probably be a priority, in spite of the low need indicated above, in light of the desirability of this type of assistance expressed by many respondents in relation to their program's start-up phase. In addition, courses and workshops in group dynamics and child development are already available through most community colleges. All but four respondents stated that training should be provided through community colleges.

Opinions on the suitability of the traditional ECE course for training people to work in CCSSs were divided. Some respondents felt it was suitable while others did not. These differences in opinions may relate to individual experience with particular staff members or to the types of services offered by the program. Since the programs appear to seek ECE graduates as staff, it might be helpful to add material relevant to the operation of a CCSS to the basic ECE curriculum.

Staff turnover

Staff who have left a CCSS within the past two years had been employed for a period ranging from one month to four years, with a mean length of employment of 22.5 months. This suggests that staffing is generally stable in these programs. Career advancement was the mostly commonly cited reason (33.3%) for a person having left, followed by a variety of personal reasons such as maternity, husband's relocation or the individual's decision to return to school. Dissatisfaction with the salary level was rarely reported as a factor in the decision to leave, even though salary levels tend to be low.

CHAPTER X - LESSONS FROM EXPERIENCE

Serving parents and caregivers simultaneously

According to the CCSS questionnaires, 80.8% of the programs have had experience serving both parents and caregivers at the same time. Several respondents stated that their program deliberately makes no distinction between the two groups. The most frequently reported advantages to serving parents and caregivers simultaneously were that:

- the arrangement facilitates the linkage of parents and caregivers since a parent feels more comfortable using a caregiver she has observed looking after children;
- parents and caregivers gain insight into each other's perspective; and
- the program can meet the similar needs of the two groups in a resource-efficient fashion, e.g. using the same drop-in period or workshop.

Other respondents noted that although parents and caregivers share some of the same needs and concerns they also have different wishes and requirements. Caregivers are perceived as often coming to the program in order to obtain adult company and/or a break. Middle-class parents were reported as looking for a stimulating experience for their child or an educational opportunity for themselves. Caregivers were reported to need information on issues such as negotiating a contact with a parent; parents to need information on what to look for when selecting a caregiver. This perception that parents and caregivers have different needs is supported by the literature (see pages 34 to 36 of this report). In some groups the age and/or socio-economic differences between caregivers and parents can result in barriers to joint programming, e.g. a young non-Canadian nanny attending a program used primarily by middle-class mothers in their 30's. The most frequently reported disadvantages to serving the two groups simultaneously were:

- caregivers tend to bring a larger number of children than do parents. Four programs reported that this has resulted in parental resentment of caregivers, whom they perceived as overloading the service, and a parental position that since caregivers are paid to look after a child they should not use a "parents' service". Three other respondents noted staff concern that caregivers bring several children and this may result in the service being unable to accommodate all parents who wish to attend. This issue appears to be related specifically to drop-ins and play groups;

- there is sometimes a lack of trust between the two groups which inhibits an open sharing of experiences during discussion groups* and workshops; and

- it is difficult to develop workshops which are appropriate for both groups. As a result, the specific needs of one group or the other are not met.

The degree to which there are advantages or disadvantages to serving parents and caregivers together is probably related to the service in question and the extent to which there are age, cultural or socio-economic differences between the two groups. For example, it is probably easier to meet the needs of the two groups through the same toy library than it is through the same workshop session. Similarly, parents and caregivers from the same culture and socio-economic background will be more comfortable in the same drop-in than will young nannies** trying to mix with older middle-class mothers. Therefore, in planning service delivery, it is necessary to consider the different needs and wishes of the two groups. It is not appropriate to assume that they can always be served in exactly the same way because they are both looking after children and some caregivers are also parents.

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* For example, a caregiver having a problem handling a child may be reluctant to bring this up in front of parents, even though the child's parent is not in the group.

** The term "nanny" is often associated with specially trained professionals from Britain. In reality, it appears that many are young women with no special training or experience and a fairly low level of education.

Attracting and serving caregivers

Some respondents noted that caregivers are difficult to attract. Reasons cited for this included:

- caregiver workload (it is simply more of a strain to get three or four children dressed to go out in the middle of winter than it is to dress one child); and
- caregiver concern that their earnings may have a negative impact on the "dependent spouse" income tax exemption that their husbands claim or on their own FBA "mother's allowance". Therefore, some caregivers do not declare their child care earnings and are reluctant to allow any agency to know that they are caregivers.

As a result, it is necessary to make special efforts to get caregivers to come to the program unless they have previously used it in the role of a parent. Questionnaire responses indicated that word of mouth and personal outreach were perceived, by far, to be the most successful methods. Programs reported active recruitment through making door-to-door visits, or responding to newspaper advertisements by telephoning to tell the caregiver about the services they could provide to her*. Publication of the existence of a registry through posters and brochures was also reported as an effective way to attract caregivers who could then be told about the program's other services. Newspaper advertisements were not rated highly, but news items about the program on local radio or T.V. were identified as having been quite successful.

The information collected suggests that there are two distinct types of caregivers:

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* Including tax information on allowable deductions, which would thereby reduce reportable earnings.

- the woman who cares for several neighbourhood children in her own home; and
- the nanny, who is from out of town or outside Canada, generally lives with the child's parents and often has not been a parent herself.

Just as there are differences between the needs of parents and caregivers, there also appear to be differences between the needs of the two types of caregivers. The latter is apt to be more socially isolated than the former, is definitely more dependent on the child's parents and may have self-confidence in her child-rearing skills.

The majority of caregivers are probably women who care for children in their own home. They need information on programming; child health and safety; nutrition; appropriate parent/caregiver relationships; and business administration (Beckwith, 1982; the Longwoods Research Group, 1982; Siegel & Lawrence, 1982a). Many may need activities to enhance their self-esteem (Jackson & Jackson, 1979). The untrained nanny needs all of this but may also require assistance adjusting to a new culture and an opportunity for peer relationships. These special needs have been recognized by a few programs and some have responded by developing nanny support groups.

Successful and unsuccessful services

The services most frequently identified on the CCSS questionnaire as being the most successful, in order of frequency, were:

- play groups and drop-ins with parent or caregiver present;
- discussion groups and workshops;
- toy libraries; and
- caregiver registries.

In all four cases the two primary reasons identified for the service's success were:

- high need; and
- no similar service available elsewhere in the community.

The importance of a non-threatening atmosphere was identified as the third most important factor in regard to play groups/drop-ins and discussion groups/workshops.

The same four services were also identified as being a program's least successful service. The order of their identification as the least successful was:

- discussion groups and workshops;
- play groups and drop-ins with parent or caregiver present;
- caregiver registries; and
- toy libraries.

Table 22

SERVICES REPORTED BY CCSSs AS LEAST SUCCESSFUL AND REASONS FOR LACK OF SUCCESS

Service reported to be least successful	Most frequently cited reasons
• discussion groups and workshops (N=23)	- inappropriate for target group (N=12) - lack of or inappropriate staff (N=9) - lack of funds (N=6)
• play groups/drop-ins (N=12)	- lack of staff (N=6) - parents wanted baby sitting (N=5) - lack of funds or space (N=4)
• caregiver registries (N=11)	- lack of staff (N=8) - lack of funds (N=6)
• toy libraries (N=9)	- inappropriate for target group (N=3) - lack of funds and toys (N=3) - lack of appropriate physical facility (N=2)

Lack of success was frequently attributed to lack of funds and lack of staff. However, 12 programs identified discussion groups/workshops' lack of success as reflecting their being inappropriate for the target group. Telephone discussions suggested that high risk groups, for example, teenage mothers, find the workshop format both rigid and threatening. They respond to educational efforts to teach parenting skills much better through staff modelling in an informal drop-in setting. Middle-class mothers, on the other hand, were reported as preferring structured activities and to dislike lack of structure.

Respondents were also asked which services had been the easiest to establish and which the most difficult. The services identified as the easiest were play groups/drop-ins with parent or caregiver present (N=41), toy libraries (N=17) and caregiver registries (N=9). In all three cases, ease of set up was attributed to the fact that the service was unavailable elsewhere and received high levels of community support. Adequate funding and committed staff were also identified as key elements.

The most difficult services to establish were reported to be discussion groups (N=22), toy libraries (N=15), and playgroups/drop-ins with parent or caregiver present (N=11). The difficulty in set up was most frequently attributed to lack of staff (N=26), lack of community support (N=18) and lack of funds (N=16). As previously observed, these programs are very community-based and their success is tied to the extent to which they meet community needs. A service not perceived as meeting the community's needs will probably not receive referrals. When asked what might have been of assistance when trying to establish one of the services identified as difficult to develop, 21 respondents mentioned additional funds, 15 said additional staff and 14 identified advice from the Ministry.

Only 37 programs reported having discontinued a service. The services most frequently discontinued were:

- play groups and drop-ins with parent or caregiver present (N=7);
- discussion groups and workshops (N=6);
- play groups and drop-ins with neither parent nor caregiver present (N=3); and
- home visits (N=3).

The most frequently mentioned reason for discontinuing a service was lack of staff. However, 15 respondents stated that the discontinued service was not meeting the needs of the target group. For example, formal play groups operating at set times did not meet the needs of mothers with very young children whose schedules were not predictable.

Service combinations

Ninety-two percent of the questionnaire respondents reported that they had found advantages to certain service combinations, while only 30.8% reported disadvantages. Several programs suggested that simply having a combination was an advantage. A variety of services in one location is more convenient for users and is believed to increase the likelihood that they will be used. Other respondents perceive one service acting as a drawing card for others; toy libraries were often cited as an example of a non-threatening service that attracts potential users. Specific combinations that were reported as particularly advantageous were:

- drop-in or play group operating at the same time as a workshop; and
- a drop-in operating when a toy library is open.

In the former situation the user's child can be cared for while she attends the workshop. This, however, is only successful if the program has space to separate the two activities. When a drop-in is available with a toy library, respondents noted parents take more time to browse and give toy selection more attention.

When disadvantages were cited in regard to certain service combinations, they usually focused on physical problems. Drop-ins, play groups and toy libraries were identified as noisy services which can make conducting a workshop difficult unless the program has sufficient space to separate the activities.

CHAPTER XI - FUTURE DIRECTIONS

Guidelines and standards

Questionnaire respondents were almost unanimous in stating that standards should not be imposed on their programs. The term "standard" seemed to have an inflexible ring to it. There were frequent expressions of concern that the imposition of standards would reduce the programs' ability to respond to changing community needs. Sixty-seven percent of the programs indicated that guidelines would be helpful. However, more than half of the same respondents identified a need for "how to" manuals, e.g. how to select and catalogue toys for a toy library, not guidance in professional practice. Table 23 illustrates the areas for which guidelines would be appreciated.

Table 23

GUIDELINES DESIRED BY CCSSs

Service	No. of CCSSs identifying a need for guidelines	Topics mentioned
• Drop-in	16	- child/adult ratio - child/staff ratio - safety and hygiene - staff qualifications and training - physical space requirements - record keeping - discipline of children - salary scales
• Caregiver registry	10	- requirements on caregivers (e.g. that they have a medical) - screening caregivers - monitoring caregivers - handling parent complaints - liability - staff training

cont'd....

Service	No. of CCSSs identifying a need for guidelines	Topics mentioned
• Toy library	4	- hygiene (e.g. how often should toys be washed) - liability - staff qualifications
• Parent relief	2	- when is it appropriate - what length of time is appropriate - child/staff ratio
• All services, or not service specific	5	- confidentiality - staffing ratios - salary scales - use of volunteers - what statistics to collect - liability - staff qualifications - health and safety of children

The programs' expressed preference for a process to enforce standards was through administrative directive.

Plans for future services

On the monitoring forms, 47.7% of all CCRCs reported that they were encountering difficulties in meeting program objectives. As illustrated by Table 24, on the following page, particular difficulties are perceived by Central and East region centres.

The reason most frequently cited for difficulties in meeting program objectives was shortage of funds to hire additional staff. Eleven CCRCs reported "other issues related to resources" as the reason they were experiencing difficulties. This category refers to a shortage of funds for various purposes other than staff salaries or accommodation. However, accommodation was reported as a concern for programs in Central region.

Table 24

DIFFICULTIES EXPERIENCED BY CCRCs IN MEETING PROGRAM OBJECTIVES BY REGION

	1 DIFFI-CULTIES	2 OTHER RES.	3 FUNDING SECU.	4 COMM. SUPPORT	5 ACCOM-MODAT.	6 STAFF SHORT.	7 OTHER	8 UNPROV. REQ.	9 PLANS
All Centres	47.7%	11	2	3	8	25	11	70.1%	83.6%
n=	88							87	61
Central	58.3%	7	2	0	6	12	4	82.9%	75.0%
n=	36							35	28
East	60.0%	2	0	1	0	7	0	86.8%	76.9%
n=	15							15	13
West	42.9%	1	0	2	2	3	7	52.4%	100.0%
n=	21							21	11
North	18.8%	1	0	0	0	3	0	50.0%	100.0%
n=	16							16	9

Notes: Figures in columns 2-7 are numbers of CCRCs reporting a specific difficulty on the monitoring forms. Some centres reported more than one difficulty.

Columns:
1. Percent of centres reporting difficulty in meeting program objectives
2. Difficulties related to shortage of resources
3. Difficulties related to security of funding
4. Difficulties related to community support
5. Difficulties related to accommodation
6. Difficulties related to shortage of staff
7. Other difficulties
8. Percent of centres receiving requests for which they could not provide services
9. Percent of centres in column 8 which had plans to develop services in response to the unmet needs

A significant percentage of respondents in all regions reported having had requests for which they could not provide service. Most of the centres which had experienced difficulties (83.6%) stated that they had plans to develop services that would address the needs being identified.

Sixty-nine percent of the CCSSs reported on the questionnaires that they would like to develop new services. Of these, 41.5% were actually expansions of existing services, generally an increase in the hours of operation or a wish to add a mobile component to a toy library. The main reasons cited for wanting to expand existing services were perceived demand and waiting lists. The most frequently mentioned new services were:

- services for high risk groups, e.g. support groups for teen-age mothers, home visits for rural isolated mothers (18 programs);
- caregiver registry (9 programs);
- parent relief (7 programs); and
- day care (5 programs).

Four programs identified a wish to develop workshops specifically for caregivers, and one indicated it would like to develop a caregivers' support group. Lack of funds was given as the reason for not having developed the new service by 51 of the 69 programs, while 25 indicated lack of staff. Not surprisingly, 66 of the 69 programs (95.7%) indicated that the help most desired from the Ministry was funds.

PART III - SURVEY OF A SAMPLE OF MCSS FIELD STAFF

Methodology

Face-to-face meetings were held with Ministry field staff in ten different parts of the Province (see Appendix C for a list of participants). In most cases, the field staff had read a partial draft of this report prior to the meeting. The meetings were used to explore the following issues: the extent to which CCSSs are perceived as meeting community needs; how more informal caregivers might be attracted to use CCSSs; strategies for enhancing the informal child care system; the assistance required to establish a CCSS; and desirable core services for CCSSs.

The extent to which CCSSs are perceived to be meeting community needs

Ministry field staff confirmed the impression, obtained from the questionnaire and follow-up telephone interviews, that most CCSSs are focusing on parent support rather than services to informal caregivers. Nevertheless, respondents in some areas suggested that in many instances informal caregivers are also using the CCSSs. However, since most CCSSs are believed to make no distinction between the needs of caregivers and the needs of parents, there was a feeling that the potential for these programs to enhance the informal system is not being fully realized.

The parent support role of the CCSSs is valued by field staff and perceived to be meeting community needs. At the same time, staff in all the field offices surveyed expressed concern about the informal care system. The main concerns, in the order of the frequency with which they were identified, were:

- the quality of the care provided;
- the number of caregivers believed to be looking after more than five children;

- the low rates paid to caregivers, with a resultant tendency to look after several children and to provide them with only basic care;
- the current parental lack of alternatives, so that parents are afraid to make demands for improvements; and
- child safety.

With the exception of two area offices, Ministry field staff were of the opinion that the current CCSS operations are having little impact on the informal care system. In the two areas where informal caregivers are being reached, respondents expressed optimism that the CCSSs' efforts were reducing caregiver isolation and providing them with information that would enhance the quality of care that they provide. Field staff in these two areas supported the observations of some CCSSs that attracting informal caregivers requires special efforts, as discussed on page 98.

Most field staff stated that the Ministry has an obligation to address the concerns about the informal care system identified above. The current emphasis on a parent support role reflects the fact that most CCSSs were developed by individuals or groups with a primary interest in parents. In this regard the CCSSs are responsive to community demand. However, in practice, community demand may not represent all sectors of the community. In the case of the CCSSs, it appears to frequently have been the result of agency representatives advocating for their clients or middle-class potential users expressing a wish. Informal caregivers do not have agency advocates and are generally too isolated to form a group that is able to write and submit a proposal for funds, as was required to develop a CCSS. To ensure that this group obtains appropriate services from CCSSs it will be necessary for Ministry field staff to be involved in additional community development work e.g. assisting groups to write a proposal for funds and develop services specifically for informal caregivers.

The challenge of attracting and holding informal caregivers

There was unanimous agreement among Ministry field staff that informal caregivers are difficult to locate and to attract to a program. The main reasons cited for this difficulty, in order of frequency, were:

- caregiver concerns that their earnings may have a negative impact on the "dependent spouse" income tax exemption that their husbands claim or on their own FBA "mother's allowance". Some caregivers do not declare their earnings from child care, so are reluctant to be identified as caregivers;
- the logistics of travel with three or four children, i.e. dressing children in snow suits, ensuring there is a car seat for each child;
- the fact that most informal caregivers offer the service primarily as a way of making money. Since the amount of money they earn is low, they tend to look after several children and are believed to have little motivation to do more than offer basic care; and
- lack of transportation, especially in rural areas where the husband goes to work with the only car.

Several field staff suggested that it might be easier to attract informal caregivers through a combined approach. For example, in addition to targeting caregivers directly, CCSSs might also use parents to reach child care providers. This might be done by:

- educating parents to suggest to caregivers that they attend the local CCSS program. Since many parents are working and do not attend a CCSS, it would be necessary to reach them through CCSS staff doing lunch-time seminars in the workplace or through a media blitz; and
- using parents to deliver brochures, etc. to caregivers. The parents might be reached by CCSS staff visiting local businesses to hand out materials. This would have to be done on an ongoing basis because of the frequency with which parents change caregivers.

Field staff also suggested that it might be possible to reach some caregivers through outreach strategies, for example, CCSS staff going to local parks with a mobile toy library. Other methods suggested were: radio and television advertisements or public service announcements; the placement of brochures in supermarkets and doctors' offices; articles in local neighbourhood newspapers; and mail-outs to caregivers listed on the CCSSs' registries. Radio and television announcements were viewed as more likely to be effective than written materials.

The above comments regarding the desirability of CCSS outreach efforts, and the possibility of using parents to reach caregivers, suggest a multi-dimensional approach to encouraging informal caregivers to use CCSSs. As previously suggested, Ministry field staff also need to become more involved in community development work to assist in the development of proposals and services that would meet the needs of informal caregivers.

Once caregivers are attracted to the CCSS, the challenge becomes encouraging them to return, in spite of the logistics of bringing several children. Suggested methods for holding informal caregivers were:

- provision of transportation to and from the person's home. Field staff recognized that this would open up a whole new issue of liability;
- provision of services without a user fee;
- provision of respite care which would allow the caregivers to socialize with each other at the CCSS or to leave the site for a period of free time. This was viewed as likely to improve the caregiver's morale. In addition, it could provide an opportunity to engage the child in active programming at the CCSS;
- "twinning" a new participant with someone who had been attending the CCSS and would encourage the person to come on a regular basis;

- specific, relevant workshops on topics such as income tax planning or a St. John's Ambulance Certificate course. Field staff believe that most informal caregivers do not feel a need for education in child care, especially if they have children of their own; and
- encouraging informal caregivers to serve on the CCSS board or advisory committee so that they can shape the program to meet the needs of informal caregivers.

Strategies for enhancing the informal care system

Ministry field staff expressed different opinions in regard to the best approach to enhancement of the informal care system. The three options mentioned were:

- use of CCSSs to provide direct services to informal caregivers;
- the development and use of a specific multi-media campaign to educate parents to become informed consumers of informal child care; and
- modification of the Private Home Day Care (PHDC) system so that informal caregivers would be attracted to join it and, thereby, be provided with training and supervision.

The Ministry has recently announced its intention to undertake a major review of the PHDC system.

In the opinion of field staff, CCSSs would have to undertake considerable outreach in order to reach informal caregivers. They suggested that such outreach might include:

- educating parents through workplace parent seminars so that they would encourage their caregiver to attend the local CCSS;
- seeking informal caregivers through church and social groups and by going to local parks; and

- taking services to the caregiver's home, for example, a mobile toy library staffed by someone who could also provide consultation on child management and similar issues.

Incentives to leave the house and come to the CCSS also would have to be provided. One suggestion was the provision of respite care with no obligation that the caregiver remain on site.

The assistance required to establish a new CCSS

Ministry field staff suggested that the establishment of a new CCSS requires:

- provision of clear guidelines to the sponsor in regard to the mandate of the service and the target group it should be serving;
- Ministry interpretation of the role of the board, budgeting practices and other administrative issues;
- provision of "how to" information, for example, how to structure and operate a play group;
- provision of assistance with marketing;
- a flexible funding formula which recognizes that different situations require different funding levels, e.g. the different cost of rental space in urban and rural situations; and
- guidelines regarding salary ranges.

It is necessary for the Ministry of recognize that the informal caregiver group is not organized. Therefore, informal caregivers are unlikely to come forward with a proposal for a CCSS or any other type of service. As a result, Ministry staff have to make special efforts to ensure that the needs of the informal caregiver are addressed by groups which do submit a proposal for the funding of a CCSS.

Experience seems to suggest that the main characteristics of a good sponsor are that: it is locally based; it understands local needs; it has a primary interest in children and families; and it has a mandate related to children's services. Sponsors whose primary interest or mandate is other than children were reported by field staff as tending to give the CCSS little assistance or support. Opinion was mixed as to whether it was advantageous for a CCSS to have its own board or to be under an umbrella organization. Concern was expressed that many CCSSs are too small to justify having their own board, and it is difficult to develop a new board in small communities because of the limited pool of interested people. The advantages of being under an umbrella organization were cited by field staff as:

- ease of development, since the sponsor organization already exists and has experience with budgeting and other administrative matters; and
- the provision of a broad view of the community and its needs.

The disadvantages identified were that:

- the sponsor may have its own agenda and steer the CCSS in that direction, e.g. a CAS encouraging a program to serve high risk mothers; and
- the CCSS may be a very small part of the organization and therefore receive little attention.

Whether or not to try to develop an independent board seems to depend, in large part, on the availability of potential board members or an appropriate sponsor. If the CCSS is to operate under another organization, field staff stated that it appears to be advisable for the Ministry to state clear expectations in regard to the CCSS's program and target group and for the CCSS to have an advisory committee.

A desirable model

Field staff suggested that the following core services are desirable in any CCSS:

- a child care registry. This is viewed as an incentive to attract both parents and informal caregivers;
- education of parents to be informed consumers;
- a toy library. This is viewed as a non-threatening drawing card;
- provision of resource materials, e.g. brochures; and
- caregiver support (both for formal and informal child care providers).

The most desirable mix of services was viewed as dependent on the local situation, e.g. clientele and characteristics of the physical plant. For example, it may not be feasible to operate both workshops and play groups simultaneously if the CCSS cannot provide separate spaces for the two activities.

Caregiver registries are perceived as potentially the most valuable service a CCSS can provide. However, field staff reported that they are increasingly reluctant to encourage CCSSs to develop them because of their concerns about the unresolved liability issue. Respondents were unanimous that the Ministry must address the disclaimer and liability issues and provide clear guidelines for CCSSs in regard to the operation of caregiver registries.

GLOSSARY

Child Care Incentives Program

A variety of child care incentives designed to improve accessibility to child care services in Ontario. Grants are available through a proposal submission and review process.

Child Care Registry

A mechanism for assisting parents in locating child care services. The registry maintains a listing(s) of available services that may encompass any of licenced day care facilities, licenced private home day care agencies, informal care providers and parent/child community programs.

Childminder

The British term for a person who provides, in her own home, day care for the children of other people.

Day Care Centre

Premises that receive more than five children under 10 years of age who are not of common parentage, primarily for care and or guidance, for a continuous period not exceeding 24 hours. This program will require a licence as outlined in the Day Nurseries Act. A day care centre provides full day care as opposed to a half day program.

Drop-in Centres

The provision of a central space where parents and providers meet and learn from each other and where the children can have a play group experience. The drop-in program can provide a setting for the development of such services as emergency child care and cooperative babysitting networks. Parents and/or providers must remain on the premises if more than five children are present unless a licence to operate a day nursery is obtained.

Family Day Care Home

The North American term for the provision, in the caregiver's own home, of child care for the children of other people.

Family Support Service

A program to assist parents with the job of parenting, e.g. parent education, toy libraries, parent-child drop-in centres.

Formal Child Care

The provision of day care by a provider who has a government license. In Ontario this refers to all services licenced under the *Day Nurseries Act*, whether they are group programs or private home day care.

Home Visit

The provision of a scheduled visit to the home of a parent or provider by a staff person of an agency for such purposes as introduction, training, counselling, crisis, and support.

Informal Child Care

The provision of child care through an unlicensed arrangement.

Information and Referral Service

The furnishing of information to parents regarding available child care services in both the formal and informal child care network, and related child and family services. In addition to providing a registry of services, it may also assist parents with information on selecting, evaluating and monitoring their child care arrangements.

Licensed Family Day Care Agency

The provision of day care through an organization or individual licensed to supervise a number of individual caregivers looking after other people's children but working in their own homes.

Nursery School

A premise that receives children from 30 months up to and including five years of age, for a half day on more than one day a week and for more than eight consecutive weeks at a time.

Paraprofessional

A person, untrained in a particular discipline, who assists a professional in that discipline.

Parent-Child Resource Centre

A program providing services to parents and their children, e.g. a drop-in centre. They tend to target mothers who are at home with their own children.

Parent Relief

The provision of short term care of children where the parent is unable to provide such care due to an emergency, crisis in the home, sickness or other situations including an appointment or need for relief.

Playgroup

An informal gathering of parents or providers, and the children in their care. The playgroup provides a setting where adults and children share activities, resources, experiences and information in a non-threatening, supportive milieu.

Private Home Day Care (PHDC)

The temporary care of five or fewer children under 10 years of age, where such care is provided in a private residence, other than the home of a parent or guardian of any such child, for a continuous period not exceeding 24 hours. The number of children under six years of age, including the children of the person in charge, may not exceed five. While the individual private home does not require licensing under the Day Nurseries Act, agencies that provide supervision and resource support to these homes must be licensed. There is no requirement that private home day care providers belong to any agency. When there is no linkage to an agency, providers are considered to be part of the informal system.

Toy Library

A resource for parents, providers and children which makes available well-designed books, equipment, toys and play materials that encourage investigation and learning. The materials may be explored on the premises as well as borrowed for a limited time period.

Workshop

A forum for the dissemination of information and discussion in a particular area of interest, organized by an individual(s) or agency.

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DESCRIPTIONS OF THREE UNITED STATES PROGRAMS (1)

Bananas
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Betty Cohen, President

Goals: Bananas is a community-based centre providing child care information and referral to individuals and organizations dealing with children. Services fall into three categories: 1) assistance to parents in locating and choosing child care or other services most appropriate for their children; 2) assistance to providers of child care and children's services, including information, workshops, support groups, toy lending, and legal counseling; and 3) support to parents, including assistance in locating housing, employment, health and mental health counseling, support groups, workshops, and literature on child development.

History: Founded by two mothers in 1973, Bananas began as a network of parents interested in forming playgroups and other types of cooperative child care for their children. As more parents turned to Bananas with a widening variety of child care questions, the centre diversified its range of information and referral services. Today, Bananas is a comprehensive family support and referral agency.

Community: Bananas serves northern Alameda County, an urban, low-income area of 340,000 with a high concentration of female-headed households. The community is ethnically diverse, and includes 50% blacks, 10% Hispanics, and 40% whites.

Services: Bananas assists parents to locate appropriate child care by providing information on existing options. The organization also assists parents to create additional services by: 1) disseminating information on alternatives such as playgroups, sitter shares, babysitting coops, and employer-supported child care; and 2) providing listings of existing cooperative child care arrangements and people interested in starting groups, thereby facilitating networking among parents. Bananas also offers information and technical assistance to child care providers on how to develop and maintain a child care facility. Finally, Bananas offers support groups, warm lines, and workshops to both child care providers and parents.

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(1) Yale University and the Family Resource Coalition. Programs to Strengthen Families. Chicago, Illinois, 1986.

Participants: Bananas serves anyone who deals with children. A high percentage of the 25,000 calls received each year are made by heads of single-parent families. Bananas staff do not tabulate a more detailed descriptive profile of their clients. The services offered are available to all residents of northern Alameda County.

Staff: The paid staff at Bananas consists of 11 employees, including a director, a social worker, two other professionals and seven paraprofessionals. The part-time volunteer staff consists of five clerical workers, two paraprofessionals, and five professionals. Staff members learn counseling techniques during a six-month training period, and in-service training is occasionally provided on such subjects as special needs referrals, counseling for battered women, and parenting teenagers.

Outreach: Bananas publicizes its services and special events through the media, brochures, newsletters, and flyers. The public also learns about the program through word of mouth and referrals made by physicians, teachers, and public and community agency staff. Bananas works closely with a wide variety of community agencies.

Evaluation: This program has not been evaluated.

Replication: Fifty-five state-funded resource and referral services in California have been patterned in part after the Bananas model.

Funding: The annual referral budget of $368,000 is provided by the following sources: 82.6% state government; 11.6% foundations; 4.6% local government; 7% sub-contracts for child care vendor services; and .5%, a community fundraising circus. Funding continues to pose a problem for the agency, which is in danger of losing one full-time staff position.

Highlight: Flexibility has allowed Bananas to diversity its services in order to continue helping people in ways they request. The agency delivers all services free of charge.

Recommendations: Bananas staff advises similar programs to start small, to listen to what people are really asking for instead of holding preconceptions about what people need, to start with a specific task and then branch out, and to strive to serve people rather than to build an organization.

Materials: Information and activity handouts appropriate to various developmental stages; packets on such topics as employer-supported child care and parent-created child care (playgroups, exchanges and babysitting co-ops); provider's guide to caring for children with special needs; bimonthly newsletter; parent's guide to free and inexpensive services and activities in the Bay area; guide to caring for sick children.

Appendix A-3

Child Care Resource and Referral, Inc.
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Tutti Sherlock, Executive Director

Goals: Child Care Resource and Referral, Inc. (CCRR), a coordinating agency for child care services, provides: 1) information and referral on child care; 2) training for providers; 3) parent education; and 4) financial assistance for child care to low-income families.

History: In 1970, an analysis of child care in Olmsted County, Minnesota was done by Synergetic Systems. The study recommended that a day care coordination centre be established. In September of 1972, the Olmsted County Council for Coordinated Child Care, Inc. (4-C) was created with funds from Title IV-A (now Title XX) and matching grants from the state and United Way. With an initial set of core services that included day care referral, financial assistance to parents, training for day care providers, and advocacy, the 4-C continued to expand, adding at least one new component each year. To reflect this growth, the program's name was changed to Child Care Resource and Referral, Inc. in 1980.

Community: Olmsted County has a population of approximately 92,000; 99% of county residents are white and 1% are Southeast Asian. The median household income is $20,000. About 8% of families are headed by single parents. Hotels and hospitals are the area's major employers; the unemployment rate is 5.5%.

Services: CCRR provides services to both families and day care providers. Parents receive information on and referral to licensed day care homes, centres, and preschool programs in the area. Referrals are monitored on a quarterly basis to assure that each child's day care needs are being adequately met.

Another CCRR program is Parents Are Important in Rochester (PAIR). Part of the Early Childhood and Family Education Program sponsored by the state, PAIR offers early childhood and parent education, opportunities for parent-child interaction, and a program modeled after MELD for parents who are expecting their first child.

CCRR also sponsors a series of parenting seminars at the workplace. This program makes parent education available to working parents by offering the seminars on-site during regular working hours. Topics include "Time Management for the Working Parent" and "Choosing Quality Child Care".

In addition to providing direct services to parents, CCRR works closely with day care providers. Training is offered and materials and equipment are available for loan from a resource and reference library. CCRR also sponsors a child care food program for licensed family day care homes. Through its advocacy on behalf of parenting and day care programs, CCRR has secured more funds from the state legislature to develop and maintain programs throughout the state that serve parents and children.

Participants: In 1982, CCRR made 2,140 day care referrals, provided financial assistance to 485 families, and served 2,500 children monthly through its child care food program. CCRR's PAIIR program was used by over 500 families, and 228 parents participated in worksite seminars. Day care providers are preschool staff received 133 training hours through CCRR's early childhood training program.

Staff: In addition to the executive director and administrative assistant, staff members include a child development specialist, training coordinator, consultant, social worker, and nutritionist. In addition to the paid staff, volunteer nutritionists, dieticians, and home economists plan menus for the food program.

Outreach: CCRR publicizes its services in the media and through coordination with the social services department, the local United Way, personnel offices, and the health department. Special outreach efforts have included enclosure of CCRR materials in AFDC checks.

Evaluation: An evaluation was conducted of CCRR's child care referral and parent education programs to analyze parental satisfaction with these services. Of the 160 questionnaires sent to participants, 45% were returned. Eighty-three percent of respondents were satisfied with the referral service, and 87% indicated that they would use the service again.

Replication: The program has not been replicated.

Funding: CCRR has a 1983 budget of $962,700. Forty-eight percent is provided by the federal government, 37% (including federal Title XX and school district monies) comes from the local government, and 6% is given by the state. Remaining funding is provided by fees (3%), the United Way (3%), and corporate and foundation donations (3%).

Appendix A-5

Highlight: The program's varied funding mixture demonstrates its ability to procure funds from many sources.

Recommendations: Make sure necessary services are being provided to area families by coordinating with other community agencies. Do not duplicate a service that is already effectively offered. Put together a broad-based planning board.

Materials: Brochures; annual reports; Referral Service Evaluation, 1978: "Choices for Children: A List of Child Care Facilities in Olmsted County"; "Parent Aide Survival Kit" newsletter.

Appendix A-6

Ute Mountain Ute Family Resource and Day Care Center

Towaoc, Colorado 81334
(303) 565-3751, Extension 222
Lorna Greene-Downing, Program Director

Goals: The Ute Family Resource and Day Care Center provides information, referral, and support to maintain and strengthen families living on the Ute Mountain Ute Reservation.

History: Prior to the opening of the Family Resource and Day Care Center, almost 40% of Ute Mountain children lived in foster care. Seventy-six percent of these placements were long-term, and 74% were off-reservation. Only 3% of the off-reservation placements were in Indian homes. The Ute Family Resource and Day Care Center addressed this problem by seeking to: 1) reunite families whose children were in substitute care; 2) keep families together who were at risk of losing custody of their children; and 3) strengthen intact tribal families. The program was funded in 1977 as a three-year research and demonstration project by the Public Service Administration and the Administration for Native Americans, both federal agencies. The program's initial intention of reuniting foster care children with their families proved to be an unrealistic goal. In 1980, the center redefined its services to focus on preventing off-reservation placement.

Community: The Ute Mountain Ute Reservation is located in the extreme southwest corner of Colorado and an adjoining portion of Utah. Towaoc, Colorado, the tribal headquarters, is located at the base of Sleeping Ute Mountain. The reservation's population is approximately 1,600.

Tribal income is derived from oil and gas, cattle production, and Sleeping Ute Crafts, a pottery factory. Ranching and sheepherding also provide employment. The reservation's rate of unemployment is 17% and alcoholism is above the national average.

The tribe's governing body is a seven-member Tribal Council. Six members are elected at-large and one member is elected from White Mesa, Utah.

Services: The two primary activities of the Ute Mountain Family Resource and Day Care Center are day care for children and a family outreach program. The day care center offers all-day care to infants and toddlers, and afternoon care to children who are in kindergarten or Head Start. Emergency drop-in care is available for children who are removed from home, at risk for abuse, or require temporary placement due to family problems.

Age-appropriate activities are planned for infants, toddlers, three- and four-year-olds and kindergarten-age children. All staff are responsible for planning activities which are culturally acceptable. Children participate in field trips and special events, as well as recreational activities such as swimming and tumbling. All children are provided with transportation to and from the center, if necessary. Daily visits are made by an Indian Health Service nurse to check on participating children's general health status. Children receive periodic health, vision, language, speech, and developmental screening. All parents and staff cooperate in the yearly children's "pow-wow" and "graduation", as well as fundraising events in conjunction with the local Head Start program. Classes for Parents in basic first aid, parenting skills, and an introduction to G.E.D. are also offered at the center.

The second component is a family outreach program. Outreach workers provide weekly visits to participating families, when they present information in health and nutrition, childrearing, environmental health, grooming and development, and leisure time activities for adults, children, and families. In addition, they make referrals, provide emergency transportation, and act as advocates for clients in their dealings with other agencies.

Participants: Services are available to all residents of the Towaoc community. Many families served are at risk due to a history of alcoholism, unemployment, single parenthood, or multigenerational foster care placement. Children in the day care program range in age from six months to six years. If space is available, children of parents who work but do not live on the reservation may also attend. About thirty-seven families receive outreach services annually.

Staff: Of the center's 16 staff members, all but the director are Native Americans. The program director has completed graduate work in education and administration. Outreach workers receive in-house training by professionals or consultants on topics including child development and interviewing techniques.

Outreach: Outreach workers recruit new families, based on referrals from the Indian Health Service, the tribal Department of Social Services, CETA, and other local agencies.

Evaluation: The program was evaluated by Pacific Consultants in 1979 at the conclusion of the initial three-year research and demonstration project. The program is currently seeking funds to implement an evaluation in 1985.

Appendix A-8

Replication: The program has not been replicated.

Funding: Of the $147,275 annual budget, 80% is provided by the state. The remaining 20% comes from the Tribal Council.

Highlight: The program's success can be attributed to a recognition of the need for flexibility and a willingness to experiment with various service approaches, and an awareness of the need for effective tribal involvement in policymaking.

Recommendations: Start small. Seek to understand the community and its needs before trying to meet them. When working with Native Americans, it is important to have Indian personnel in key positions to represent the tribe's needs.

Materials: Slide-tape presentation on outreach services; program brochure (scheduled for release in 1984).

SERVICE DEFINITIONS USED IN THE CCSS QUESTIONNAIRE

Administration

Includes relating to the program's board; relating to the Ministry, e.g. responding to Ministry requests for information; recruiting and hiring staff; etc.

Caregiver registry

Includes the recruitment and screening of caregivers; provision of caregiver kits or training; home visits to caregivers to support them in their role of caregiver

Community linkages and outreach

Includes publicity; developing linkages with other agencies or associations; informing parents and caregivers about the services offered; encouraging isolated or difficult-to-reach parents or caregivers to make use of the program

Discussion groups, workshops, parent/caregiver education

Refers to mutual support groups; educational discussion groups; or workshops for parents alone, or parents and caregivers together. Excludes discussion groups or workshops solely for caregivers in their role as caregiver

Home visits to parents

Refers to visits to a parent's home for the provision of parent support. Excludes visits for publicity or outreach or visits to a caregiver's home when that person is in the role of caregiver rather than parent

Information/referral to parents re: child day care

Refers to the provision of information or referral to parents specifically in regard to child day care (licensed or unlicensed). This includes maintenance of a list of caregivers but not a formal caregiver registry, as defined above

Information/referral re: other

Refers to the provision of any information or referral to parents regarding matters related to their parenting role but excluding child day care, e.g. information on municipal recreational services or a children's mental health service

Play groups and drop-ins with caregiver or parent

Refers only to those play groups or drop-ins where either the parent or caregiver is present

Play groups and drop-ins with neither parent nor caregiver

Refers to play groups or drop-ins, provided on a regular basis, rather than as emergency parent relief, where neither the parent nor caregiver is present on the premises

Relief services

Includes any care given where both the parent and caregiver are absent, e.g. respite care; parent relief; emergency care. Excludes play groups and drop-ins where neither the parent nor caregiver is present on the premises (these should be indicated in that category)

Toy library

Refers solely to the process of lending toys

MINISTRY FIELD STAFF RESPONDENTS

Barrie

Cathy Barker - ECE
Beverley Bernier - ECE
Brian Heatherington - Area Child Care Coordinator
Joan Hilhorst - ECE
Louise Pope - Program Supervisor

Kingston

Morley Burwash - ECE
Eleanor Douey - Planning Officer
Mary Sutherland - Area Child Care Coordinator
Pat Tretina - ECE

London

Judy Cooper - ECE
Mary Jo Nolan - Area Child Care Coordinator
Barbara Pierce - Regional Child Care Coordinator
Marc Roberts - Program Supervisor

North Bay

Sharon Buchan - ECE
Cynthia Lees - Program Supervisor
Lindsay Weld - Area Child Care Coordinator

Ottawa

Joan Burant - ECE
Jane Giffin - Program Advisor (Child Care)
Evelyn Gripton - ECE
Jean McKenna - ECE
Frank O'Brien - Area Child Care Coordinator
Michelle Trottier - ECE

Peterborough

Susan Aldred - ECE
Greta Bennett - Program Supervisor
Wenda Hodsdon - ECE
Linda Layton - Area Child Care Coordinator
Suzanne Lorenowicz - ECE

Sault Ste. Marie

Suzanne Boyer - ECE
Florence Lake - Area Child Care Coordinator
David Salter - Program Supervisor
Suzanne Zakoor - Regional Child Care Coordinator

Thunder Bay

Margie Bettiol - Area Child Care Coordinator
Kaisa Pentinen - ECE

Toronto

Jane Cameron - Regional Child Care Coordinator
Joyce Devonshire - ECE
Margaret Engel - Program Supervisor
John Huether - Local Manager
Beverley Koven - Area Child Care Coordinator

Waterloo

Pam Bowman - ECE
Bob Hunter - Program Supervisor
Barbara Shuler - ECE
Dave Waters - Area Child Care Coordinator

Appendix D

CHILD CARE SUPPORT SERVICES*

CENTRAL REGION

Toronto Area Office

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Applegrove Parent/ Child Centre Applegrove Community Complex 60 Woodfield Road Toronto, Ontario M4L 2W6	(416) 461-8143	Ann Brumell
College-Montrose Children's Place Montrose Public School 301 Montrose Avenue 2nd Floor Toronto, Ontario M6G 3G9	(416) 532-9485	Angela Ottolino
Cradleship Creche Caregiver Support 491 Lawrence Avenue West Suite 502 Toronto, Ontario M5M 1C7	(416) 789-7441	Karen Meghan
Creating Together, Parkdale 1257 Queen Street West Toronto, Ontario M6K 1L5	(416) 537-1004	Maralyn Smith
Children's Storefront 22 Boswell Avenue Toronto, Ontario M5R 1M4	(416) 964-8666	Ryva Novick
Davenport-Perth Resource Centre 1900 Davenport Road Toronto, Ontario M6M 1B7	(416) 656-8025	Dawn McFarlane

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* This is not a definitive list of all CCSSs in Ontario, simply those which were part of the Survey.

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Delta Child Care Network 75 Stanley Road Downsview, Ontario M3J 2S5	(416) 747-7638	Marie Cerny
East York Family Resource Centre 1484 Danforth Avenue Toronto, Ontario M4J 1N4	(416) 466-0575	Jeannine Poirier
Eastview Neighbourhood Community Centre 86 Blake Street Toronto, Ontario M4J 3C9	(416) 465-5460	Diane Praamsma
Family Life Connection and Kids Connection 1954 Gerrard Street East Toronto, Ontario M4L 2B1	(416) 698-0750	Elizabeth Ferguson
George Syme Family Centre 2360 Dundas Street West 3rd Floor, Suite 3333 Toronto, Ontario M6P 2W5	(416) 767-2186	Rosa Maria Dada
Gerrard Resource Centre Ryerson Polytechnical Institute 350 Victoria Street Toronto, Ontario M5B 2K3	(416) 922-2977	Catherine Moher
Informal Day Care in Scarborough Sacred Heart Child and Family Centre 3275 St. Clair Avenue East Scarborough, Ontario M1L 1W2	(416) 752-2234	Marian Wilkins
Jane-Finch Parent/Child Centre 4400 Jane Street Box 2201, Station "C" Downsview, Ontario M3N 2S9	(416) 663-2733	Peggy Birnberg

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Montrose Toy Library Montrose Public School 301 Montrose Avenue Toronto, Ontario M6G 3G9	(416) 536-3394	Joanna Von Levetzow
Malvern Family Resource Centre 1301 Neilson Road Scarborough, Ontario M1B 3C2	(416) 281-1376	Girmalla Persaud
Neighbourhood Information Centre Registry 91 Barrington Avenue Toronto, Ontario M4C 4Y9	(416) 698-1626	Nablie Sherban
Northeast Neighbourhood Centre c/o Adventure Place 10 Elkhorn Drive North York, Ontario M2K 1J3	(416) 499-5322	Deborah McLaughlin
Rawlinson Day Centre c/o Children's Services Munic. of Metro Toronto 4211 Yonge Street Suite 430 Willowdale, Ontario M2P 2A9	(416) 392-5068	Deborah Chatoff
St. Bartholomew's Children's Centre St. Bartholomew's Church 70 Pashler Avenue Toronto, Ontario M5A 3T5	(416) 368-9180	The Rev. Galt Cartwright
St. Paul's Parent/ Child Centre St. Paul's Parish 83 Power Street Toronto, Ontario M5A 3A8	(416) 925-6641 ext. 368	Catherine Strong

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Scadding Court Community Centre 707 Dundas Street West Toronto, Ontario M5T 2W6	(416) 363-5392	Linda Lutes
South Riverdale Parent Child Centre 765 Queen Street East Toronto, Ontario M4M 1H3	(416) 469-3776	Margaret Shugg
Teen Monther's Program YWCA of Metro Toronto 80 Woodlawn Avenue East Bongard House Toronto, Ontario M4T 1C1	(416) 961-8100	Mary Campbell
Together Parent Child Centre 95 Regal Road Toronto, Ontario M6H 2J6	(416) 651-1810	Elizabeth Grundy
West End Next Door Child Care Project 185 Fifth Street Islington, Ontario M8V 2Z5	(416) 534-6925	Mary Fisher
Westhill Parent Child Centre 4301 Kingston Road East West Hill, Ontario M1E 2N1	(416) 284-7083	Pat Jenson
Barrie Area Office		
Barrie DAMR Travelling Toy Chest P.O. Box 1017 Barrie, Ontario L4M 5E1	(705) 726-0701	Marie Wursten

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Barrie and District Parent Cooperative Pre-School Corp. 190 Cook Street Barrie, Ontario L4M 4H2	(705) 726-0725	Pat Dunlop
Barrie Parent's Club 68B Maple Avenue Barrie, Ontario L4N 1R8	(705) 728-3967	Darlene Corkett
Community Recreation and Resource Centre York Region Rose of Sharon Services for Young Mothers 50 Tyler Street Aurora, Ontario L4G 3G9	(416) 727-0091	Sally Fecteau
Georgina Parent Child Resource Centre 213 Queensway South Keswick, Ontario L4P 2A3	(416) 478-4140	Harry Oswin
Orillia Toy Library c/o Fay MacKenzie 5 Harriet Street Coldwater, Ontario L0K 1E0	(705) 686-7866	Fay MacKenzie
York Toy Library and Parent Resource Centre 205 Parkview Crescent Newmarket, Ontario L3Y 2C9	(416) 853-0754	Rhonda Hunt

Mississauga Area Office

Acton Parent and Tots Drop-In YMCA Acton 42 Mill Street East Acton, Ontario L7J 1H0	(416) 853-1070	Donalda Vonk

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Cherish Parent Child Centre 55 Ontario Street South Suite 28 Milton, Ontario L9T 2M3	(416) 876-4365	Anita Purcell
Dufferin Children's Resource Centre 51 Zina Street Orangeville, Ontario L9W 1E5	(519) 942-0443	Mareen Ellis
Milton Children and Youth Council 181 Main Street East Milton, Ontario L9T 1N7	(416) 876-1244	Carol Behn
Oakville Parent/ Child Centre 1225 Rebecca Street Oakville, Ontario L6L 1Z1	(416) 827-0897	Ann Day

EAST REGION

Kingston Area Office

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
The Child Care Resource Centre 76 Ordnance Street Kingston, Ontario K7K 5V1	(613) 542-4915	Deborah Collins
Family Focus/Leeds and Grenville Box 271, 32 Wall Street Brockville, Ontario K6V 5V8	(613) 345-3792	Janice Giffin
Family Space Quinte Inc. Queen Mary Community Centre 28 Isabel Street Belleville, Ontario K8R 1B9	(613) 966-9375	Ann Kenworthy

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
North Frontenac Child Care Resource Centre P.O. Box 250 Elizabeth Street Sharbot Lake, Ontario K0H 2P0	(613) 279-2244	Audrey Tarasick
North Hastings Children's Resource Centre 73 Chemaushgon Street Bancroft, Ontario K0L 1C0	(613) 332-4612	Elizabeth Davey

Ottawa Area Office

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Arnprior Pre-School Family Resource Centre 45 Elgin Street East Arnprior, Ontario K7S 1N6	(613) 623-8224	Judy Wright
Carlington Parent-Child Drop-in Programs 1319 Shillington Avenue Ottawa, Ontario K1Z 8Z3	(613) 722-4000	Sherryl Smith
Le Carousel Cooperative pour enfants et parents francophones 5 rue Myrand Ottawa, Ontario K1N 7X9	(613) 232-9338	Marielle Raticot
Crescendo Parent/ Preschool Programs Pinecrest-Queensway Community Centre 804 Grenon Avenue Ottawa, Ontario K2B 6G2	(613) 820-4922	Zelda Shore
Child Care Information Centre 256 King Edward Avenue Suite 209 Ottawa, Ontario K1N 7M1	(613) 235-7256	Dawn Hachey

AGENCY NAME	TELEPHONE NUMBER .	CONTACT PERSON
Mothercraft Child Care Registry Resource Centre 475 Evered Avenue Ottawa, Ontario K1Z 5K9	(613) 728-1829	Heather Black
Napean Kanata Family Resource Centre 62 Cymbeline Drive Nepean, Ontario K2H 7Y1	(613) 829-8223	Molly McGoldrick
Ottawa-Carleton In-Home Providers Association 1273 Randall Avenue Ottawa, Ontario K1H 7P9	(613) 738-3322	Rita-Lee Dunster
Parent Pre-School Resource Centre Outreach Program 149 King George Street Ottawa, Ontario K1K 4E7	(613) 749-1282	Bill Pratt
Projet Animation de Gloucester Child Care Program Gloucester Family Day Care P.O. Box 8333 Gloucester, Ontario	(613) 837-8483	Violiane Baudry Judie Fritz
Peterborough Area Office		
C.H.A.C.E. Haliburton Resource Centre P.O. Box 1064 Haliburton, Ontario K0M 1S0	(705) 457-2989	Marilou Mizzan
Family Resources for Victoria County 1 Russell Street East Lindsay, Ontario K9V 1Z7	(705) 324-7900	Sharon Floyd

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Hastings Resource Centre 172 Albert Street Hastings, Ontario K0L 1Y0	(705) 696-3833	Nancy Salonius
Parent and Child Enrichment Centre 1400 Bayly Street Unit 15A Pickering, Ontario L1W 3R2	(416) 839-8011	Barbara Brad
Peterborough Parenting Enrichment Family Resource Centre 308 Rubidge Street Peterborough, Ontario K9J 3P4	(705) 748-9144	John Gullick
Resource Centres for Northumberland Families 230 Walton Street Port Hope, Ontario K1A 1P2	(416) 885-8856	Vera Blower
Simcoe Hall Women's League Mothers' Co-operative 387 Simcoe Street South Oshawa, Ontario L1H 4J2	(416) 728-7525	Sandra Sweet

NORTH REGION

North Central Area Office

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Chapleau Toy Lending Library P.O. Box 481 Chapleau, Ontario P0M 1K0	(705) 864-1374	Eileen McAdam
Manitoulin Toy Library and Toy Bus Program P.O. Box 100 Manitoulin Mental Health Clinic Mindemoya, Ontario P0P 1S0	(705) 377-5338	Edith Garrett

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
North Star Toy Lending Library Block 4 170 Mississauga Avenue Elliot Lake, Ontario P5A 1E5	(705) 848-6669	Nicole Jameus
Sault Ste. Marie Day Care Services Corp. Inc. 477 Queen Street East Basement Sault Ste. Marie, Ontario P6A 1Z5	(705) 942-5898	Allison Pook
Walden Toy Lending Library Site 22, P.O. Box 2 R.R. #1 Lively, Ontario P0M 2E0	(705) 692-5565	Vivian Villeneuve
Wawa Parent Child Play Centre P.O. Box 1660 Wawa, Ontario P0S 1K0	(705) 856-2178	Mary Spooner

North East Area Office

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Infant Development* St. Joseph's General Hospital Inc. 720 McLaren Street North Bay, Ontario P1B 3L9	(705) 472-6100 ext. 228	Sister Beatrice Gallipeau
Iroquois Falls Pre-School Centre P.O. Box 449 Iroquois Falls, Ontario P0K 1G0	(705) 232-6777	Pierrette Kavanagh

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* This Program is somewhat atypical because it has a strong emphasis on developmentally handicapped infants.

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Muskoka Rural Child Care Service P.O. Box 1395 Huntsville, Ontario P0A 1K0	(705) 385-3062	Marion Allman
North Bay Toy Lending Library Parent Child Resource Centre c/o North Bay and District A.M.R. 171 Chippewa Street West North Bay, Ontario P1B 6G3	(705) 474-8910	Diane Bessette
Parent/Child Resource Centre 66 Waubeek Street Parry Sound, Ontario P2A 1O6	(705) 746-7151	Carol Harris
Smooth Rock Falls Resource Centre - Pinocchio Workshop Inc. 248 Highway #11 P.O. Box 338 Smooth Rock Falls, Ontario P0L 2B0	(705) 338-4585	Marie Strachan
Sturgeon Falls Rural and Child Care Resource Centre Golden Age Club 71 John Street Sturgeon Falls, Ontario P0H 2G0	(705) 753-2175	Florence LeBlanc
Timmins Family Life Centre and Toy Lending Library 172 Algonquin Blvd. East Lower Floor Timmins, Ontario P4N 1A9	(705) 267-6255	Marueen Schuh

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
North West Area Office		
Community Centre for Caregivers and Parents Confederation College of Applied Arts and Technology P.O. Box 398 Thunder Bay, Ontario P7C 4W1	(807) 475-6289	Gladys Berringer
Rural Resource Centre Township of Ear Falls P.O. Box 309 Ear Falls, Ontario P0V 1T0	(807) 222-3554	Karen Powell
Rainy River Toy Library and Resource Centre 317 - 4th Street Rainy River, Ontario P0W 1L0	(807) 852-4431	Giselle Marmus
Rural Resource Program c/o Social Services Administrator P.O. Box 70 Geraldton, Ontario P0T 1M0	(807) 854-1744	Antoinette MacIver
Upsala Playschool General Delivery Upsala, Ontario P0T 2Y0	(807) 986-2388	Jayme Ray
WEST REGION		
Hamilton Area Office		
Caistor Kiddies Playgroup c/o Linda Sherritt R.R. #2 Caistor Centre, Ontario L0R 1E0	(416) 957-7114	Linda Sherritt

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
The Children's Corner Drop-In and Resource Centre The Salvation Army 40 Grace Haven 138 Herkimer Street Hamilton, Ontario L8P 2H1	(416) 522-7336	Pat McDonald
Kiddie Kastle Play Group 11 Gage Street Grimsby, Ontario L3M 3Y6	(416) 945-2445	Deborah Janus
Queenston Parent Child Drop-In Centre 349 Queenston Road Hamilton, Ontario L8K 1H8	(416) 545-6551	Deborah Bayter
Young Mom's Program St. Catharines YWCA Penn Centre St. Catharines, Ontario L2T 2K9	(416) 688-3912	Judy Sewell
London Area Office		
Childreach Centre 388 Dundas Street 2nd Floor London, Ontario N6B 1V7	(519) 434-3644	Gail Phillips
Family Resource Centre 7 Morrison Drive St. Thomas, Ontario N5R 4S5	(519) 633-6159	Mary Wragg
Parent Child Day Program London Family and Children's Services 164 Albert Street London, Ontario N6A 1M8	(519) 532-2400	Petra Taylor

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Rural Child Care Resource Program 101 Nanticoke Creek Parkway P.O. Box 5054 Townsend, Ontario N0A 1S0	(519) 587-2441	Lorretta Kelleher
Tuckersmith Day Nursery Vanastra, C.M.B. 388 R.R. #5 Clinton, Ontario N0M 1L0	(519) 482-7634	Cheryl Nuhn
Wingham Children's Centre P.O. Box 236 William Street Wingham, Ontario N0G 2W0	(519) 357-2424	Deborah Craig
Waterloo Area Office		
Central Wellington Resource Centre for Children P.O. Box 375 124 St. Andrew St. West Fergus, Ontario N1M 3E2	(519) 843-2248	Jan Hayward
Conestoga College Community Resource Centre Conestoga College of Applied Arts and Technology 299 Doon Valley Drive Kitchener, Ontario N2G 4M4	(519) 653-2511 ext. 391	Donna Smuck
Erin Child Care Outreach P.O. Box 786 Erin, Ontario N0B 1T0	(519) 833-9696	Marlene MacNiven

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Grey Hanover Resource Centre c/o Owen Sound Family and Social Services P.O. Box 9 Owen Sound, Ontario N4K 5T1	(519) 376-7324	Kathy MacMurdo
New Hamburg Community Services Child Care Resource Centre 124 Hinks Street, #3 New Hamburg, Ontario N0B 2G0	(519) 662-2731	Diana Bosworth
North Wellington Rural Child Care Resource Centre 131 Frederick Street Arthur, Ontario N0G 1A0	(519) 848-3004	Barbara Brownell
Primary Prevention Program Grey Bruce Children's Services 1173 - 2nd Avenue East Owen Sound, Ontario N4K 2J1	(519) 371-1692	Kathy Haddock
South East Grey Community Outreach P.O. Box 150 Feversham, Ontario N0C 1T0	(519) 922-2851	Carol Gott
Wellington Rural Child Care Network University of Guelph School of Rural Planning and Development Guelph, Ontario N1G 2W1	(519) 763-1480	Rebecca Sugarman

AGENCY NAME	TELEPHONE NUMBER	CONTACT PERSON
Windsor Area Office		
The Chatham-Kent Community Home Day Care Program 71 Lincoln Road Chatham, Ontario N7M 4Y8	(510) 352-8660	Maxine Lloyd
Community Child Care Registry Downtown Community Citizens' Organization 495 Glengarry Avenue Windsor, Ontario N9A 1P5	(519) 252-1644	Donna Gamble
Family Drop-In Centre 237 Ontario Street Sarnia, Ontario N7T 1L6	(519) 337-8920	Elizabeth Berry
Northside Child Care Connection c/o Chatham May Court Day Nursery 275 McNaughton Ave. West Chatham, Ontario N7L 1R8	(519) 354-4542	Susan Anderson
Petrolia and Area Family Enrichment Centre 368 Eureka Street P.O. Box 378 Petrolia, Ontario N0N 1R0	(519) 882-0992	Pat Morgan
St. Mary's Family Learning Centre 1983 St. Mary's Gate Windsor, Ontario N8Y 1J8	(519) 252-9696	Linda Edwards
Wallaceburg Community Child Care 150 University Avenue Wallaceburg, Ontario N8A 3Z8	(519) 627-1603 ext. 238	Cynthia Mussio